







Nevada

State Health

Needs Assessment

Part II - County By County Summariies













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How to Use the County-by-County and Regional Summaries

Part II of the Nevada State Health Needs Assessment includes only the County-by-County and Regional Summaries, brief summaries which highlight strengths and weaknesses in each region and county's. A more detailed presentation of the summarized data points is presented in Part I of the Nevada State Health Needs Assessment (main document). Within Part I county level data points were often suppressed due to low counts, which result in an unreliable rate, therefore data for each of the health indicators were not always available at the county level. Therefore the researchers created regional groupings, these regional groupings are modeled after the 2013 Nevada Youth Risk Behavior Survey regional groupings, but are not standardized and may not be appropriate for all of the core health indicators presented in Part I.

Within Part II, it is important to note not every indicator area is summarized for each county or region. Each indicator was examined to determine how different each county or regional was from one another and the state overall. Only those indicators with a ranking in the top or bottom three to five were included. Ranking refers to a county or region's rank with the state of Nevada, not nationally. The 5-year estimates for educational attainment, 2014 high school cohort graduation rates and 2013 mortality rates were included in all county summaries.

Glossary of Terms

Term	Definition	Source	
4:3:1:3:3:1:4 vaccination series	Includes four doses of the diphtheria, tetanus, and pertussis vaccine; three doses of the poliovirus vaccine; one dose of the measles, mumps, and rubella vaccine; three doses of <i>Haemophilus influenza</i> type b vaccine; three doses of the Hepatitis B vaccine; one dose of the varicella (chicken pox) vaccine; and four doses of the <i>Pneumococcal</i> conjugate vaccine	National Center for Immunizations and Respiratory Diseases	
"Adequate" population access is defined as individuals who live in a census block within a half mile of a park or in within one mile of a recreational facility (urban), while rural locations had access if the residence was within three miles of a recreational facility. Locations to engage in physical activity are defined as parks (local, state and national) as well as gyms, community centers, dance centers and pools		Robert Wood Johnson Foundation	
Binge drinker (adults)	5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month	Behavioral Risk Factor Surveillance Survey	
Birth rate	Number of live births per 1,000 women 15 to 44 years of age	Centers for Disease Control and Prevention	
Built environment	Physical aspects of places where people live, work and recreate	Centers for Disease Control and Prevention	
Career and technical education (CTE)	Program offered in public schools to provide students with technical skills and knowledge integrated with core academics tailored towards a specific career	Association for Career and Technical Education	
Child mortality	Death rates of those aged 0 to 14 years		
Colonoscopy/Sigmoidoscopy	Colon cancer screening	Behavioral Risk Factor Surveillance Survey	
Community water systems (CWS)	Public water systems that supply ground or surface water to the same population year-round	US Environmental Protection Agency	
Currently drink alcohol (adolescents)	Had at least one drink of alcohol on at least 1 day during the past month	Nevada Youth Risk Behavior Survey	
Currently use marijuana	Used one or more times in past month	Nevada Youth Risk Behavior Survey	
Currently use tobacco (adolescents)	Used cigarettes, smokeless tobacco, or cigars in past month	Nevada Youth Risk Behavior Survey	
Educational attainment	Highest level of education reached	US Census Bureau	
English language learner (ELL)	Those who are learning to speak English and/or speak limited English	National Council of Teachers of English	
Food Insecurity	Reduced quality, variety or desirability of diet or disrupted eating patterns and reduced food intake	US Department of Agriculture	

Term	Definition	Source		
Free and reduced price (FRP)	Federally funded through the USDA's National School Lunch and Breakfast Programs to provide free and reduced price breakfast and lunch during school hours to qualifying students	US Department of Agriculture		
Health professional shortage areas (HPSA)	Designated by Health Resources and Services Administration as places with few primary, mental or dental healthcare providers given the population residing in the given area	Health Resources and Services Administration		
Health Resources and Services Administration (HRSA)	Designates Health Professional Shortage Areas (HPSA)	Health Resources and Services Administration		
Heavy drinker (adults)	More than 2 drinks (men) or having more than 1 drink (women) in a day	Behavioral Risk Factor Surveillance Survey		
High school cohort graduation rates	Percent of incoming Freshmen who graduate with a regular diploma 4 years later	US Department of Education		
Household occupancy rates	Proportion of an areas houses which are occupied by either a renter or owner	US Census Bureau		
Incidence	New cases of a disease or condition within a given population over a given period of time	Centers for Disease Control and Prevention		
Individualized education program (IEP)	Public school program for students with disabilities who qualify for special education and related services	US Department of Education		
Infant mortality	Death rates of those aged 0 to < 1 year old			
Low access to grocery stores	The percentage of people living more than one mile from a supermarket or grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area	US Department of Agriculture		
Low birth weight	Infants born weighing less than 2,500 grams (5.5lbs)	Centers for Disease Control and Prevention		
Mammogram	Breast cancer screening	Behavioral Risk Factor Surveillance Survey		
Median family income	Annual earned income for two or more people related by birth, marriage or adoption residing in the same housing unit	US Census Bureau		
Median household income	Annual earned income for an entire household, regardless of the relationship of persons in the house	US Census Bureau		
Median household value	Median value of a house	US Census Bureau		
Mortality rate	Death rate, usually expressed as a number per 100,000 persons	Centers for Disease Control and Prevention		
Neonatal mortality	Death rates of those aged 0 to 27 days old			
Obese (adolescents)	Students who were ≥95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts	Nevada Youth Risk Behavior Survey		

Term	Definition	Source		
Overweight (adolescents)	Students who were ≥85th percentile but <95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts	Nevada Youth Risk Behavior Survey		
Pap/Pap test	Cervical cancer screening	Behavioral Risk Factor Surveillance Survey		
Particulate matter (PM)	Dust particles and liquid droplets including acids, organic chemicals, and metals which are small enough to be inhaled	US Environmental Protection Agency		
Pneumococcal conjugate vaccine	Vaccination which protects against the Streptococcus pneumonia bacteria	Behavioral Risk Factor Surveillance Survey		
Post-neonatal mortality	Death rates of those aged 28 to 364 days (28 days to <1 year old)	Centers for Disease Control and Prevention		
Pregnancy rate	Sum of the total number of births, abortions, and fetal deaths per 1,000 women 15 to 44 years of age	Centers for Disease Control and Prevention		
Prevalence	Proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time	Centers for Disease Control and Prevention		
Property crimes	Burglary, larceny-theft, motor vehicle theft, and arson	National Bureau of Investigation		
Prostate-specific antigen (PSA) test	Prostate cancer screening	Behavioral Risk Factor Surveillance Survey		
Radon	Odorless, tasteless gas produced by the decay of naturally occurring uranium in soil	US Environmental Protection Agency		
Sigmoidoscopy/Colonoscopy	Colon cancer screening	Behavioral Risk Factor Surveillance Survey		
Single-parent household	Household with children who live with one parent or guardian	US Census Bureau		
Streptococcus pneumonia	Bacteria which can cause lung infections, fever, chills, cough, difficulty breathing, chest pain or meningitis, may impact the brain and spinal cord	Centers for Disease Control and Prevention		
Supplemental Nutrition Assistance Program (SNAP)	Federally funded program providing limited resources to eligible, low-income individuals and families in order to purchase food each month	US Department of Agriculture		
Unaffordable housing	Monthly rent or mortgage equal to or more than 30% of the household's monthly income	US Department of Housing and Urban Development		
Violent crimes	Involve force or threat of force and include murder/non-negligible manslaughter, rape, robbery and aggravated assault	National Bureau of Investigation		

County-by-County/ Regional Summaries

Carson City & Douglas County

- Regional Data
- Carson City
- Douglas County

Carson City and Douglas County Regional Summary

The combined region of Carson City and Douglas County accounted for 3.6% of Nevada's population in 2015.

Quality of Life Factors

In 2013, 21.4% of adolescents in this region reported having carried a weapon in the past month, and 25.9% had been in a physical fight within the past 12 months.

Health Behaviors

The adolescents in this region reported eating fruits and vegetables more often and reported lower soda consumption than other regions (2013).

In 2013, adolescents were less sedentary than high school students than in other regions. Although they were not among the most physically active, the adolescents in Carson City and Douglas County had some of the lowest prevalence of overweight and obesity in Nevada, at 12.7% and 9.3%, respectively.

Approximately 80.2% of adults reported engaging in physical activity outside of their jobs (second highest) and had some of the lowest rates of overweight/obesity among the counties/regions in Nevada (2013).

In 2013, an estimated 41.9% of adolescents reported currently drinking alcohol, which was the highest among all counties/regions in Nevada. In addition, 29.9% of adolescents in this region reported currently using marijuana more often than adolescents in other regions in the state.

In 2012, this region had the highest alcohol-related fatality rates at 50.4 per 100,000.

Preventive and Protective Health Factors

Based on aggregate data from 2012 and 2014, the Carson City and Douglas County region had the highest rates of prostate (PSA) and colorectal cancer screenings in Nevada. However, rates were much lower for mammograms (breast cancer screening) and Pap tests (cervical cancer screening).

This region had the highest rate of annual influenza immunizations among adults at 36.6% and the third highest rate of pneumococcal vaccination among adults 65+ years old at 68.5% (aggregate data 2011-2014).

Carson City and Douglas County was highest ranked for wearing a seat belt and second highest for wearing a helmet while riding a bike (2013).

Access to Health Resources

Although this region ranked third highest proportion of residents with health insurance coverage (79.3%), more residents reported they have a person they think of as their personal healthcare provider (74.4%) than other regions in the state (aggregate data 2011-2014).

General, Mental and Sexual Health Status

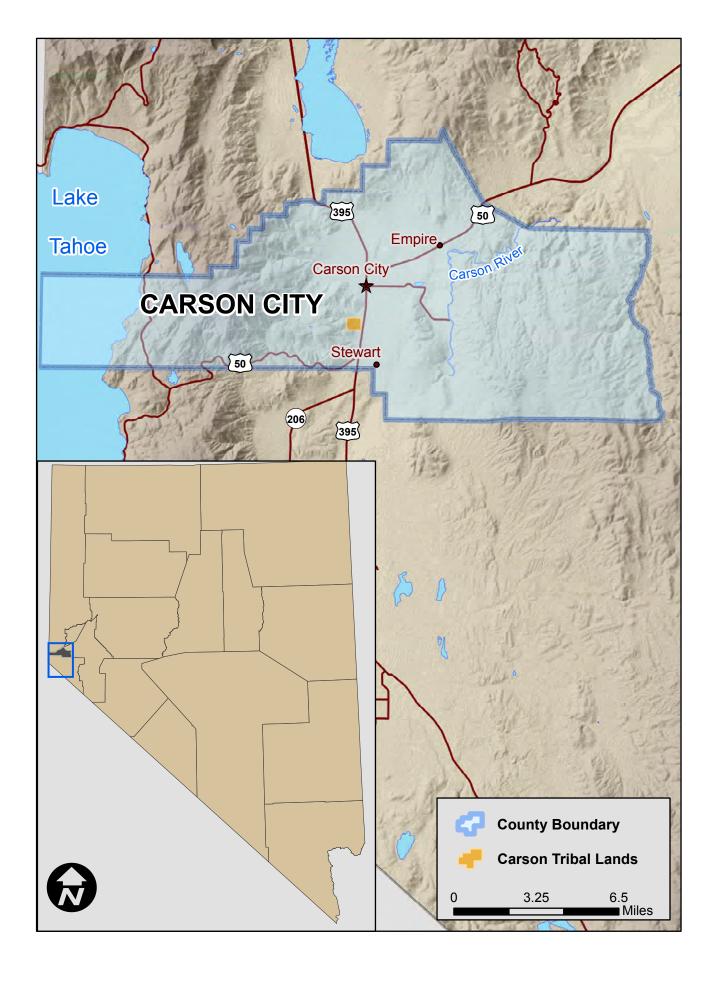
In 2013, 6.6% of adolescents reported having attempted suicide in the past 12 months, which was the lowest rate in the state.

The region's adolescents had the second highest rates for condom use last time they had sexual intercourse (60.7%).

An estimated 12.3% of adolescents in this region reported experiencing dating violence (hit, slapped, or physically hurt by boyfriend/girlfriend) in the past 12 months (2013).

Infectious and Chronic Diseases

Among adults, this region had the second lowest prevalence of reported asthma (7.2%) and diabetes (8.3%) compared to the other seven counties/regions in Nevada (aggregate data 2011-2014).



Geography, Population, and Demographics

Total population: 53,972 people, 1.9% of Nevada's population

Land area: 144.66 mi²

Population density: 373.1 people per mi²

Carson City is the capital of the state as well as the smallest county in Nevada. It is home to the state's governmental departments and federal offices. In 2014, the school district was the largest employer in the county, followed by the Carson Tahoe Hospital, city government, the department of transportation, and Western Nevada College.

In 2015, an estimated majority of the population was White, non-Hispanic at 73.3%, and approximately 21.2% of the population was Hispanic. Only 2.4% of the population was estimated to be Native American/Alaska Native, 2.4% was Asian/Pacific Islander, and less than 1% was African American. Over the past decade (2005 to 2015), Carson City experienced a slight population decrease of .3%; however, those aged 60 to 69 years grew over 35%, and was one of the fastest growing age groups in the county.

Socioeconomic Factors

According to 5-year estimates (2009-2013), over a quarter (27.3%) of the population had earned a two-year college degree or higher, however nearly a third (30%) of the adult population's highest education level was high school (or GED), and 13.6% had not earned a high school diploma or higher.

In 2014, Carson City's high school graduation rate was higher than the state overall rate at 77.9% and 70.0%, respectively.

Carson City's median household income was an estimated \$51,857 (5-year estimates 2009-2013).

Carson City had the third highest median household value in Nevada at \$198,900, while 58.1% of households were owner-occupied (5-year estimates 2009-2013).

In 2014, Carson City had the fifth highest unemployment rate in Nevada at 8.5%.

According to 5-year estimates (2009-2013), Carson City had the fifth highest rate of children living in poverty (23.9%) and the fifth highest SNAP enrollment (12.1%).

In 2014, half of the students qualified for the free-reduced price meal programs.

In 2013, Carson City had the third highest personal bankruptcy rate in the state at 4 per 1,000 people.

Table 13.1 Carson City Population Change, by Sex, Age, and Race/Ethnicity, 2005 and 2015					
	2005 2015		10 Year Change		
Sex	Number	Percent	Number	Percent	Percent
Male	26,615	49.2%	26,479	49.1%	-0.5%
Female	27,496	50.8%	27,494	50.9%	0.0%
Age Group					
0-4 years	3,634	6.7%	3,092	5.7%	-14.9%
5-9 years	3,591	6.6%	3,594	6.7%	0.1%
10-14 years	3,751	6.9%	3,703	6.9%	-1.3%
15-19 years	3,713	6.9%	3,573	6.6%	-3.8%
20-24 years	3,383	6.3%	3,663	6.8%	8.3%
25-29 years	3,059	5.7%	3,702	6.9%	21.0%
30-34 years	3,136	5.8%	3,419	6.3%	9.0%
35-39 years	3,142	5.8%	3,005	5.6%	-4.4%
40-44 years	3,968	7.3%	3,057	5.7%	-23.0%
45-49 years	4,208	7.8%	3,037	5.6%	-27.8%
50-54 years	4,120	7.6%	3,777	7.0%	-8.3%
55-59 years	3,623	6.7%	3,895	7.2%	7.5%
60-64 years	2,660	4.9%	3,707	6.9%	39.4%
65-69 years	2,176	4.0%	3,092	5.7%	42.1%
70-74 years	1,850	3.4%	2,078	3.9%	12.3%
75-79 years	1,746	3.2%	1,489	2.8%	-14.7%
80-84 years	1,407	2.6%	1,051	1.9%	-25.3%
85+ years	944	1.7%	1,038	1.9%	10.0%
Race/Ethnicity					
White, non-Hispanic	41,910	77.5%	39,557	73.3%	-5.6%
Black/African American, non-Hispanic	386	0.7%	363	0.7%	-6.0%
American Indian/Eskimo/Aleut, non- Hispanic	1,257	2.3%	1,296	2.4%	3.1%
Asian/Pacific Islander, non- Hispanic	1,247	2.3%	1,309	2.4%	5.0%
Hispanic, any race	9,311	17.2%	11,448	21.2%	23.0%
Total Population	54,111		53,972		-0.3%

Source: Nevada State Demographer

Quality of Life Factors

In 2014, 37.5% children in Carson City were living in single-parent households.

Environmental Health Factors

Only 16% of the population was considered to have low access to grocery stores (2010), making it the fifth most accessible county.

Carson City has the highest proportion of the population with adequate access to resources to engage in physical activity at 97% (2010 and 2013 data).

In 2011, Carson City had the second highest rates of fast food restaurants per capita in Nevada.

Preventive and Protective Health Factors

In 2014, approximately 54.7% of children 19-35 months of age in Carson City received each of the vaccines in the recommended 4:3:1:3:3:1:4 childhood vaccination series, compared to 68.8% in Nevada overall.

Access to Health Resources

In 2014, Carson City had the highest rates of primary care providers, nurses, dental providers, and mental health providers per capita.

The majority (92.9%) of the county's population is still considered to be in a HRSA defined primary care provider shortage area, and 100% of the population is considered to be in a HRSA defined mental health provider shortage area.

Maternal and Child Health

Carson City had the highest teen pregnancy rate in 2013 at 51.3 per 1,000 women 15 to 19 years old.

In 2013 7.2% of infants were born low birth weight, which was slightly lower than the state average of 7.9%.

Approximately 58.8% of mothers in Carson City reported receiving prenatal care in the first trimester, compared to the state at 62.7% (2013).

General, Mental and Sexual Health Status

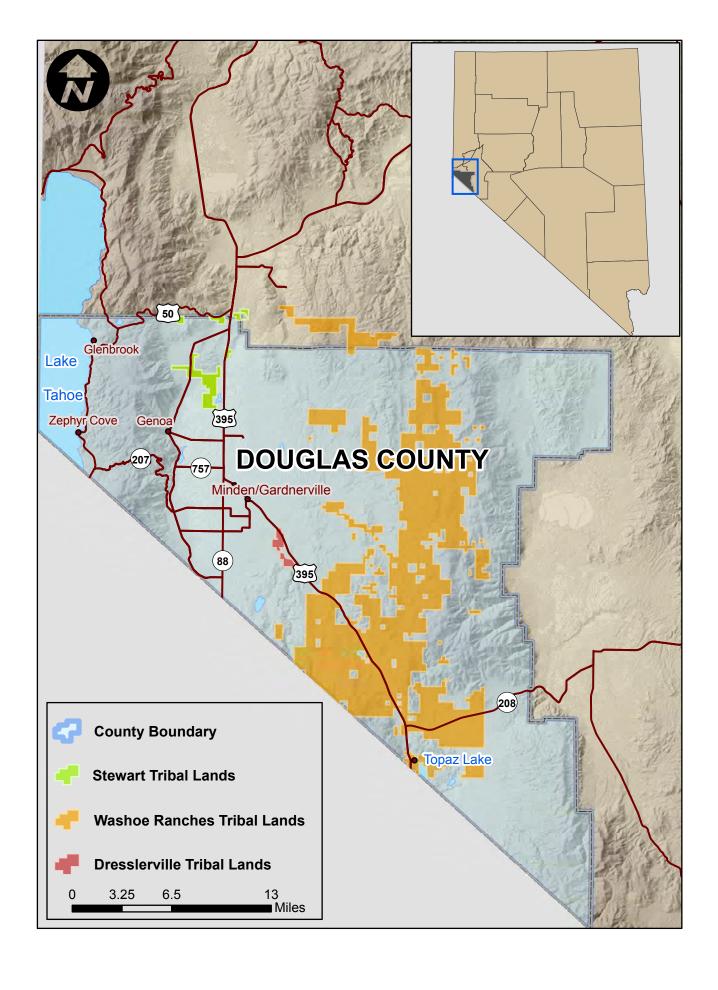
In 2012, Carson City had the second lowest suicide rate among all counties/regions in Nevada at 15.5 per 100,000.

Infectious and Chronic Diseases

Carson City had the highest breast cancer, the second highest prostate, and third highest colorectal cancer incidence rates in the state (aggregate data 2008-2012).

Mortality

In 2013, Carson City was ranked 7 out of the 16 counties for mortality rates at 921.8 per 100,000.



Geography, Population, and Demographics

Total population: 47,405 people, 1.7% of Nevada's population

Land area: 709.7 mi²

Population density: 66.8 people per mi²

Douglas County is located in northern Nevada, and is one of the smaller counties; the northwestern part of the county borders Lake Tahoe. In 2014, the casino hotel, Harrah's at Stateline, was the largest employer, followed by the school district, county government, and Bently Nevada, an industrial processing plant for technical machinery.

Over the past decade (2005 to 2015), Douglas County experienced little population growth (1.4%). In 2015, the county population was predominately White, non-Hispanic (86.9%), with the remainder identifying as Hispanic (8.9%), Asian/Pacific Islander (2%), Native American/Alaska Native (1.8%), and African American (less than 1%).

The 60 years and older proportion of the population increased more than other populations from 2005 to 2015, and the county's population has become more racially and ethnically diverse. Furthermore, the population of those identifying as African American or Hispanic has increased over the same time period.

Socioeconomic Factors

According to 5-year averages (2009-2013), Douglas County had the highest educated adult population in the state as over a third (35.2%) had earned a two-year college degree or higher, a quarter (25.9%) had earned a high school diploma/GED, and only 7% had not earned a high school diploma/GED.

Douglas County had the second highest high school graduation rate in the state at 88.1% in 2014.

Douglas County had the fifth highest median household income at an estimated \$60,100 (5-year estimates 2009-2013).

Douglas County had the highest median household value in the state at \$271,400, and about 71.8% of households were owner-occupied (5-year estimates 2009-2013).

In 2014, Douglas County's unemployment rate was 7.9%. Residents had the third lowest overall poverty rates (10.2%), the lowest poverty rate among seniors (6%), and the fifth lowest poverty rates among children (15.5%) in Nevada (5-year estimates 2009-2013).

ole 13.2 Douglas County Po						
_	20		2015		10 Year Chan	
Sex	Number	Percent	Number	Percent	Percent	
Male	23,477	50.2%	23,586	49.8%	0.5%	
Female	23,285	49.8%	23,819	50.2%	2.3%	
Age Group						
0-4 years	2,031	4.3%	2,006	4.2%	-1.2%	
5-9 years	2,131	4.6%	2,136	4.5%	0.2%	
10-14 years	2,647	5.7%	2,220	4.7%	-16.1%	
15-19 years	3,251	7.0%	2,226	4.7%	-31.5%	
20-24 years	2,691	5.8%	2,661	5.6%	-1.1%	
25-29 years	2,436	5.2%	3,259	6.9%	33.8%	
30-34 years	2,258	4.8%	2,821	6.0%	24.9%	
35-39 years	2,560	5.5%	2,653	5.6%	3.6%	
40-44 years	3,536	7.6%	2,480	5.2%	-29.9%	
45-49 years	4,279	9.2%	2,730	5.8%	-36.2%	
50-54 years	4,237	9.1%	3,622	7.6%	-14.5%	
55-59 years	3,825	8.2%	4,262	9.0%	11.4%	
60-64 years	3,056	6.5%	4,068	8.6%	33.1%	
65-69 years	2,465	5.3%	3,506	7.4%	42.2%	
70-74 years	2,043	4.4%	2,613	5.5%	27.9%	
75-79 years	1,584	3.4%	1,858	3.9%	17.3%	
80-84 years	1,097	2.3%	1,261	2.7%	14.9%	
85+ years	636	1.4%	1,022	2.2%	60.7%	
Race/Ethnicity			,	_,_		
White, non-Hispanic	41,280	88.3%	41,175	86.9%	-0.3%	
Black/African	183	0.4%	206	0.4%	12.6%	
American, non-	103	0.470	200	0.470	12.070	
Hispanic						
American	816	1.7%	854	1.8%	4.7%	
Indian/Eskimo/Aleut, non-Hispanic						
Asian/Pacific	855	1.8%	942	2.0%	10.2%	
Islander, non-					-	
Hispanic						
Hispanic, any race	3,627	7.8%	4,227	8.9%	16.5%	
Total Population	46,763		47,405		1.4%	

Source: Nevada State Demographer

Quality of Life Factors

Nearly one-third (32.4%) of children in Douglas County lived in single-parent households (5-year estimates 2009-2013).

In 2012, Douglas County had the second lowest violent crime rates at 110.2 per 100,000.

Environmental Health Factors

Just over half (53.5%) of the population was considered to have low access to grocery stores (2010).

A high proportion of the population (89%) was considered to have adequate access to resources to engage in physical activity (2010 and 2013).

Preventive and Protective Health Factors

In 2014, approximately 60.7% of children 19-35 months of age in Douglas County had received each of the vaccines in the recommended 4:3:1:3:3:1:4 childhood vaccination series, compared to 68.8% in Nevada overall.

Access to Health Resources

In 2014, Douglas County had some of the highest rates of providers per capita including primary care providers, dental providers, and mental health providers; However, 100% of the population resides in a HRSA defined mental health professional shortage area.

Maternal and Child Health

In 2013, Douglas County had among the lowest teen pregnancy (20.2 per 1,000 women 15 to 19 years) and birth rates (15.7 per 1,000 women 15 to 19 years) in Nevada.

Douglas County had one of the lowest infant low birth weight rates at 7%, which was lower than the state average of 7.9% (2013).

General, Mental and Sexual Health Status

In 2012, Douglas County had the lowest suicide rate among all counties/regions in Nevada at 6.2 per 100,000.

Infectious and Chronic Diseases

Douglas County had the fourth highest breast cancer incidence (195.9 per 100,000), and fifth highest prostate cancer incidence rate (149.7 per 100,000). However, the county had one of the lowest colorectal cancer incidence rates in the state at 46.3 per 100,000 (aggregate data 2008-2012).

Mortality

In 2013, Douglas County had the lowest overall mortality rate at 585.3 per 100,000 ranking 16 out of the 16 counties for which there was data.

County-by-County/ Regional Summaries

Churchill, Humboldt, Pershing & Lander Counties

- Regional Data
- Churchill County
- Humboldt County
- Pershing County
- Lander County

Churchill, Pershing, Humboldt, and Lander Counties Regional Summary

The combined region of Churchill, Pershing, Humboldt and Lander Counties represent approximately 1.9% of Nevada's total population in 2015.

Quality of Life Factors

In 2013, this region's adolescents reported the highest rate of students having carried a weapon (29.6%) and the second lowest rate for having been in a fight (24.8%).

Health Behaviors

In 2013, approximately 26.6% of adolescents reported drinking at least one soda a day, which was higher than the reported rate for other counties/regions in the Nevada.

An estimated 32.2% of adolescents reported using the computer for three or more hours each school day, which was the lowest reported rate among all other counties/regions (2013).

The adolescents in this region reported engaging in physical activity more often than adolescents in most other regions in Nevada (2013).

In 2013, this region had the highest rate of obesity among adolescents at 15.5% and the second highest rate of overweight/obesity among adults (29.5%), based on aggregate data (2011-2014).

In 2013, this region had the second highest tobacco use among adolescents (25.3%) and based on aggregate data from 2011-2014, the third highest current smoking rates among adults (22.1%).

Preventive and Protective Health Factors

Based on data from 2012 and 2014, this region was among the worst for cancer screenings; ranked second lowest for Pap (cervical cancer screening) and mammograms (breast cancer screening), and colorectal cancer screenings (2010, 2011 and 2014 data combined). The region reported the lowest rates for PSA (prostate cancer screening) with only 34.2% of adult men 40+ years having been screened within the past two years.

This region had the second highest annual influenza immunization rates among adults at 35.8% (aggregate data 2011-2014) and the second highest lifetime pneumococcal immunization rates (68.8%) among adults 65+ years (aggregate data 2011-2014).

Adolescents in this region had the second highest rate of not wearing a seatbelt, and the highest rate of not wearing a helmet (2013).

Access to Health Resources

Based on aggregate data from 2011-2014, approximately 78.7% of residents had health insurance, which is not significantly different from the state overall of 77%. However, 19.5% of residents did not see a doctor due to cost.

General, Mental and Sexual Health Status

An estimated 15.6% of adults reported poor mental health for 10+ days in the past month, which was the second highest rate among all regions/counties (aggregate data 2011-2014).

In 2013, 15.6% of adolescents reported they had attempted suicide in the past year, which was highest among all regions/counties.

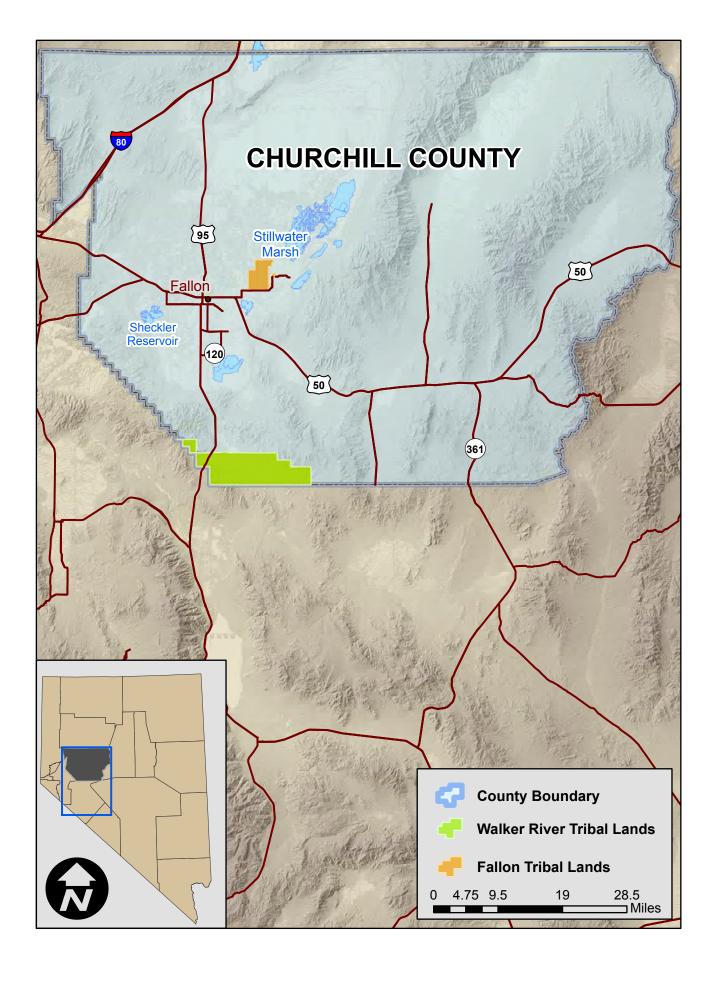
In 2013, adolescents in this region had reported the second highest rate of having had sexual intercourse (59.4%); however, the region had the highest rate of having worn a condom last time they had sexual intercourse (62.6%).

Approximately 11.9% of adolescents reported they had ever been forced to have sexual intercourse, which is the second highest rate among all regions/counties in Nevada (2013).

In 2012, this region had the second highest suicide mortality rate at 26.9 per 100,000.

Infectious and Chronic Diseases

Among adults, this region had the lowest reported asthma prevalence at 4.8% and the third lowest rate of diabetes at 8.6% (aggregate data 2011-2014).



Geography, Population, and Demographics

Total population: 25,522 people, 0.9% of Nevada's population

Land area: 4,930.46 mi²

Population density: 5.2 people per mi²

The majority of Churchill County's residents live in the county seat of Fallon. The school district is the largest employer in the county, followed by a Wal-Mart Supercenter, Churchill Community Hospital, county government, and L-3 Vertex Aerospace. The Naval Air Station (NAS) Fallon is home to some of the Navy's premier training programs, TOPGUN and TOPDOME.

Over the past decade (2005 to 2015), Churchill County experienced a slight population increase (4.9%). One of the fastest growing age groups in the county was those aged 60 to 69 years, which grew by more than 35%.

In 2015, the majority of the population was White, non-Hispanic (78.2%) and Hispanic (10.8%). Approximately 5.2% of the population is Native American/Alaska Native, 3.7% is Asian/Pacific Islander, and an estimated 2% is African American.

Socioeconomic Factors

According to 5-year estimates (2009-2013), less than one quarter (23.4%) of the population in Churchill County has earned a two-year college degree or higher, over one third (34.3%) of the adult population had earned a high school diploma/GED, and 10.7% had not earned a high school diploma or GED.

In 2014, Churchill County's high school graduation rate of 71.2% was slightly higher than Nevada at 70.0%.

Based on 5-year estimates (2009-2013), Churchill County's median household income level was \$49,830, which was below Nevada's median household income level of \$52,800.

In 2014, Churchill County's annual unemployment rate was 7.4%.

Churchill County had the fourth highest SNAP enrollment in the state at 12.7% (5-year estimates 2009-2013).

Quality of Life Factors

In 2012, Churchill County had the third lowest violent crime rate at 110.9 per 100,000, but the fifth highest property crime rate at 2,290.2 per 100,000.

Table 13.3 Churchill County	Population Cha	ange, by Sex, A	Age, and Race/	Ethnicity, 200	5 and 2015
	2005		2	015	10 Year Change
Sex	Number	Percent	Number	Percent	Percent
Male	12,117	49.8%	12,628	49.5%	4.2%
Female	12,205	50.2%	12,894	50.5%	5.6%
Age Group					
0-4 years	1,702	7.0%	1,889	7.4%	11.0%
5-9 years	1,788	7.4%	1,653	6.5%	-7.6%
10-14 years	1,953	8.0%	1,723	6.8%	-11.8%
15-19 years	1,929	7.9%	1,808	7.1%	-6.3%
20-24 years	1,889	7.8%	1,977	7.7%	4.7%
25-29 years	1,640	6.7%	1,917	7.5%	16.9%
30-34 years	1,450	6.0%	1,874	7.3%	29.2%
35-39 years	1,344	5.5%	1,614	6.3%	20.1%
40-44 years	1,733	7.1%	1,441	5.6%	-16.8%
45-49 years	1,751	7.2%	1,327	5.2%	-24.2%
50-54 years	1,694	7.0%	1,690	6.6%	-0.2%
55-59 years	1,419	5.8%	1,651	6.5%	16.3%
60-64 years	1,102	4.5%	1,527	6.0%	38.6%
65-69 years	905	3.7%	1,223	4.8%	35.1%
70-74 years	702	2.9%	860	3.4%	22.5%
75-79 years	580	2.4%	617	2.4%	6.4%
80-84 years	442	1.8%	401	1.6%	-9.3%
85+ years	299	1.2%	329	1.3%	10.0%
Race/Ethnicity					
White, non-Hispanic	19,538	80.3%	19,968	78.2%	2.2%
Black/African					
American, non-	433	1.8%	507	2.0%	17.1%
Hispanic American					
Indian/Eskimo/Aleut,	1,233	5.1%	1,329	5.2%	7.8%
non-Hispanic					
Asian/Pacific Islander, non-	859	3.5%	951	3.7%	10.7%
isiander, non- Hispanic	859	5.5%	321	5.7%	10.7%
Hispanic, any race	2,259	9.3%	2,767	10.8%	22.5%
Total Population	24,322		25,522		4.9%

Source: Nevada State Demographer

Preventive and Protective Health Factors

In 2014, approximately 66.4% of children 19-35 months of age in Churchill County received each of the vaccines in the recommended 4:3:1:3:3:1:4 childhood vaccination series, compared to 68.8% in Nevada.

Access to Health Resources

In 2014, Churchill County had the fifth highest rate of primary care providers and nurses per capita, the fourth highest rate of dental providers, and the third highest rates of mental health providers per capita. However, 100% of the county's population is considered to be residing in a HRSA defined mental health care provider shortage area.

Maternal and Child Health

In 2013, Churchill County had the lowest teen pregnancy and birth rates among all counties/regions in Nevada.

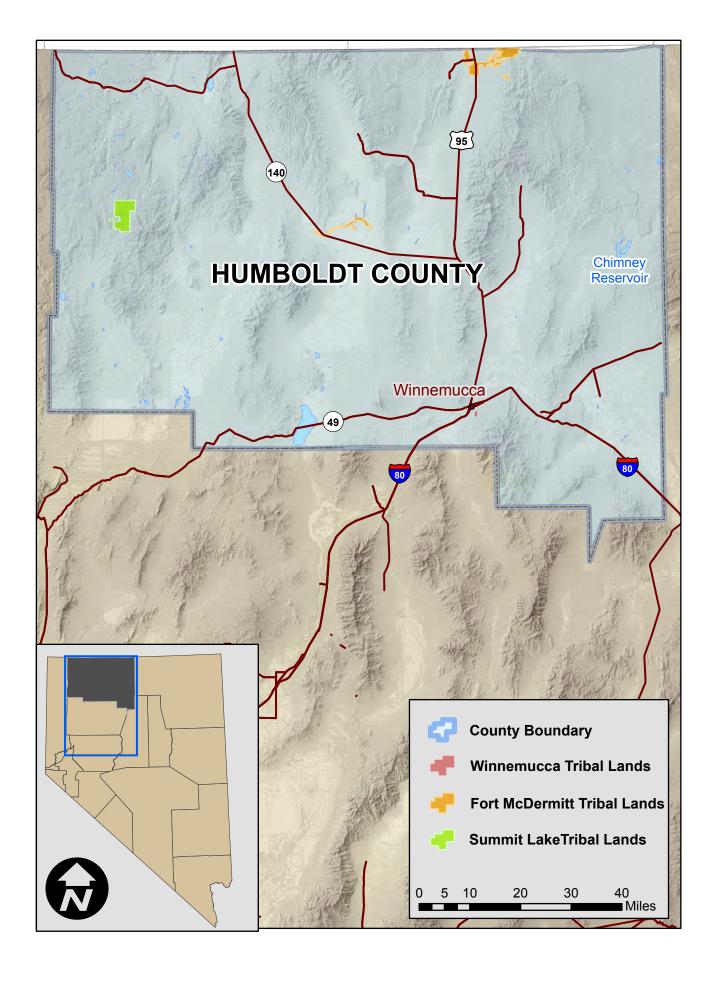
Based on aggregate data from 2009 through 2013, Churchill County had the highest child mortality rate and a relatively high post-neonatal mortality rate among counties with sufficient data.

Infectious and Chronic Diseases

Churchill County residents had the second lowest breast cancer incidence rates at 127.5 per 100,000 people and the fourth highest colorectal cancer incidence rates at 60.2 per 100,000 people (aggregate data 2008-2012).

Mortality

In 2013, Churchill County's overall mortality rate was 1,026.2 per 100,000 people, the second highest rate out of the 16 counties measured.



Geography, Population, and Demographics

Total population: 18,072 persons, 0.6% of Nevada's population

Land area: 9,640.76 mi²

Population density: 1.9 people per mi²

The majority of Humboldt County's residents live in the county seat of Winnemucca, located approximately two and a half hours east of Reno, Nevada. In 2014, the top five employers in the county were the school district followed successively by four oremining companies, Newmont Mining Corporation, Turquoise Ridge Joint Venture, Hycroft Resources and Development Inc, and Goldcorp Marigold Mining Company.

Humboldt County experienced 17.6% population growth from 2005 to 2015. The population age group 30 to 34 years has more than doubled. There were also large increases in those aged 35 to 39 years (73.1%) as well as those aged 55 years and older.

In 2015, 70.7% of the population was White, non-Hispanic, and 21.6% of the population was Hispanic. An estimated 4.6% of the population was Native American/Alaska Native, 1.0 % Asian/Pacific Islander, and 0.9% was African American.

Socioeconomic Factors

Based on 5-year averages (2009-2013), Humboldt County had one of the highest proportions of the population without a high school diploma at 17.1%. An estimated 36.4% of the residents had a high school diploma/GED, while 20.9% had obtained at least a two-year college degree or higher.

In 2014, Humboldt County's high school graduation rate was 78.5%.

Median household incomes in Humboldt County have been slowly increasing over the years, and the 5-year average (2009-2013) was approximately \$59,472.

In 2013, Humboldt County's personal bankruptcy filing rate was one of the lowest in the state at 1.3 per 1,000.

Humboldt County residents had the third lowest food insecurity rates at 10.4% in 2013.

Quality of Life Factors

In 2012, Humboldt County had the second lowest property crime rate at 1,139.0 per 100,000.

Table 13.4 Humboldt Count	y Population C	hange, by Sex,	Age, and Race	e/Ethnicity, 20	05 and 2015
	2005 2015		10 Year Change		
Sex	Number	Percent	Number	Percent	Percent
Male	8,166	53.1%	9,372	51.9%	14.8%
Female	7,199	46.9%	8,699	48.1%	20.8%
Age Group					
0-4 years	1,100	7.2%	1,410	7.8%	28.2%
5-9 years	1,381	9.0%	1,331	7.4%	-3.6%
10-14 years	1,279	8.3%	1,145	6.3%	-10.5%
15-19 years	1,231	8.0%	1,405	7.8%	14.1%
20-24 years	1,223	8.0%	1,289	7.1%	5.4%
25-29 years	1,028	6.7%	1,259	7.0%	22.5%
30-34 years	490	3.2%	1,367	7.6%	179.0%
35-39 years	709	4.6%	1,227	6.8%	73.1%
40-44 years	1,073	7.0%	683	3.8%	-36.3%
45-49 years	1,353	8.8%	840	4.6%	-37.9%
50-54 years	1,143	7.4%	1,163	6.4%	1.7%
55-59 years	810	5.3%	1,399	7.7%	72.7%
60-64 years	895	5.8%	1,091	6.0%	21.9%
65-69 years	571	3.7%	717	4.0%	25.6%
70-74 years	420	2.7%	753	4.2%	79.3%
75-79 years	272	1.8%	447	2.5%	64.3%
80-84 years	208	1.4%	292	1.6%	40.4%
85+ years	179	1.2%	251	1.4%	40.2%
Race/Ethnicity					
White, non-Hispanic	10,859	70.7%	12,957	71.7%	19.3%
Black/African	139	0.9%	165	0.9%	18.7%
American, non-					
Hispanic American	822	5.3%	830	4.6%	1.0%
Indian/Eskimo/Aleut,	022	J.J/0	630	4.070	1.070
non-Hispanic					
Asian/Pacific	159	1.0%	218	1.2%	37.1%
Islander, non- Hispanic					
Hispanic, any race	3,386	22.0%	3,902	21.6%	15.2%
Total Population	15,365		18,072		17.6%
•	•		•		

Source: Nevada State Demographer

Access to Health Resources

In 2014, Humboldt County was ranked the second lowest population living in a HRSA designated shortage area (3.9%) for primary care medical providers. In addition, Humboldt County was one of four counties in Nevada with none of the residents living in a HRSA designated dental health provider shortage area.

Similar to the majority of Nevada's other counties, 100% of the Humboldt County population resides in a HRSA designated mental health professional shortage area.

Maternal and Child Health

In 2013, Humboldt County had the highest birth and pregnancy rates, as well as the third highest teen pregnancy and birth rates (among counties with sufficient data).

Also in 2013, Humboldt County was ranked the second lowest county for mothers receiving prenatal care in the first trimester at 55.3%.

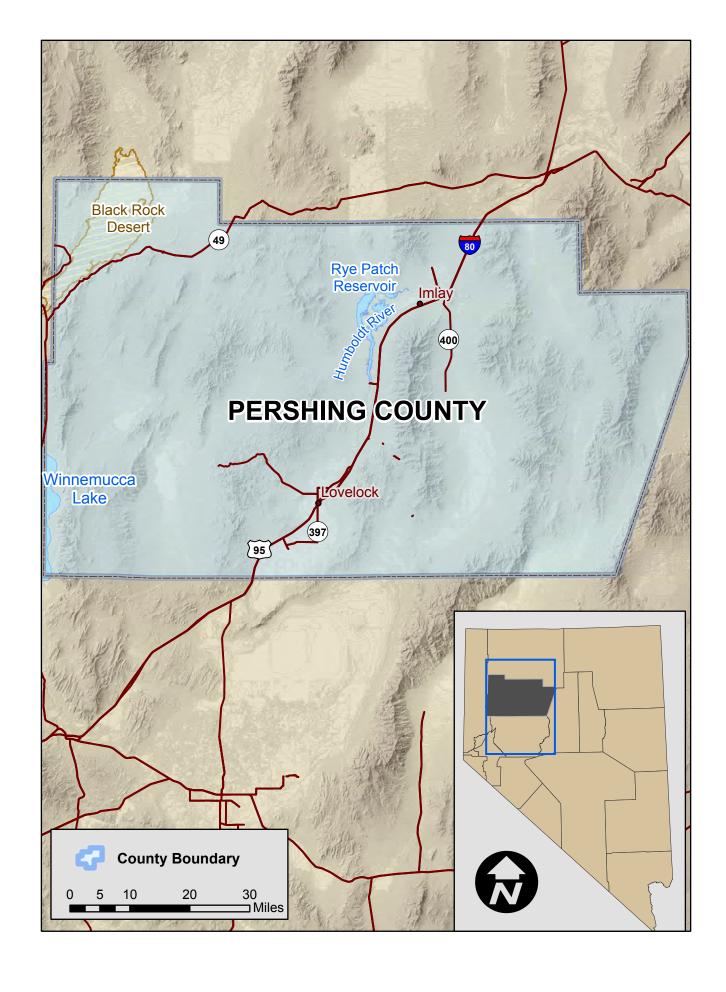
Humboldt had the second highest overall child mortality rate and the highest neonatal mortality rates in the state among counties with sufficient data (aggregate data 2009-2013).

Infectious and Chronic Diseases

Humboldt County residents had the fifth lowest prostate cancer incidence rate at 100.9 per 100,000; however, the county had the fifth highest colorectal cancer incidence rate at 54.4 per 100,000 among all counties with sufficient data (aggregate data 2008-2012).

Mortality

In 2013, Humboldt County had the fifth highest overall mortality rate at 943.8 per 100,000 out of the 16 counties with sufficient data.



Geography, Population, and Demographics

Total population: 5,303 people, 0.2% of Nevada's population

Land area: 6,036.6 mi²

Population density: 0.9 people per mi²

The majority of Pershing County residents live in the county seat of Lovelock. In 2014, the top employers in the county were a silver ore mining company, the Department of Corrections, a gold ore mining company, a nonmetallic mineral mining company and followed by county government.

From 2005 through 2015, Pershing County experienced a decrease in population of 3.6%. In 2015, approximately 71.6% of the population was White, non-Hispanic, 21.6% Hispanic, 4.8% American Indian, 1.1% Asian/Pacific Islander and <1% African American. The population of 30 to 34 year olds saw an increase of 71.2% during the same time period.

Socioeconomic Factors

Based on 5-year averages (2009-2013), Pershing County had the highest proportion of residents without a high school diploma at 21.1%, while 36.7% earned a high school diploma/GED. Pershing County also had the fewest proportion of residents with a 2-year college degree or higher at 16%.

In 2014, Pershing County's high school graduation rate was 80.0%, which was higher than the state rate at 70.0%.

Pershing County had the fourth highest overall poverty rate and the second highest poverty rate among children (5-year estimates 2009-2013). In addition, Pershing County had the second highest SNAP enrollment rates (15.5%) among all counties (5-year estimates 2009-2013).

In 2013, Pershing County's personal bankruptcy filing rate was the lowest in the state at 1.2 per 1,000.

Pershing County's annual unemployment rate in 2014 was 7.3%.

Quality of Life Factors

In 2012, Pershing County had the second highest violent crime rate at 893.9 per 100,000 but the fourth lowest property crime rate at 1,396.6 per 100,000.

ole 13.5 Pershing County P	opulation Chan	ge, by Sex, Age	, and Race/Eth	nicity, 2005 an	d 2015
Corr	2005		20	15	10 Year Change
Sex	Number	Percent	Number	Percent	Percent
Male	2,808	51.0%	2,681	50.6%	-4.5%
Female	2,691	48.9%	2,623	49.5%	-2.5%
Age Group					
0-4 years	290	5.3%	225	4.2%	-22.4%
5-9 years	336	6.1%	276	5.2%	-17.9%
10-14 years	389	7.1%	279	5.3%	-28.3%
15-19 years	544	9.9%	320	6.0%	-41.2%
20-24 years	514	9.3%	357	6.7%	-30.5%
25-29 years	386	7.0%	530	10.0%	37.3%
30-34 years	292	5.3%	500	9.4%	71.2%
35-39 years	271	4.9%	386	7.3%	42.4%
40-44 years	403	7.3%	269	5.1%	-33.3%
45-49 years	456	8.3%	245	4.6%	-46.3%
50-54 years	381	6.9%	360	6.8%	-5.5%
55-59 years	301	5.5%	419	7.9%	39.2%
60-64 years	271	4.9%	336	6.3%	24.0%
65-69 years	235	4.3%	241	4.5%	2.6%
70-74 years	158	2.9%	216	4.1%	36.7%
75-79 years	119	2.2%	169	3.2%	42.0%
80-84 years	78	1.4%	96	1.8%	23.1%
85+ years	77	1.4%	80	1.5%	3.9%
Race/Ethnicity					
White, non-Hispanic	4,053	73.7%	3,799	71.6%	-6.3%
Black/African	36	0.7%	42	0.8%	16.7%
American, non-					
Hispanic American	247	4.5%	255	4.8%	3.2%
Indian/Eskimo/Aleut,	247	4.570	233	4.070	3.270
non-Hispanic					
Asian/Pacific	40	0.7%	59	1.1%	47.5%
Islander, non- Hispanic					
Hispanic, any race	1,123	20.4%	1,148	21.6%	2.2%
Total Population	5,501		5,303		-3.6%

Source: Nevada State Demographer

Environmental Health Factors

In 2010, only 15.8% of the population was considered to have low access to grocery stores, making it one of the top counties for *high* access.

Based on data from 2010 and 2013, only 1% of the population has adequate access to locations for physical activities.

Access to Health Resources

In 2014, Pershing County was ranked fourth lowest for primary care providers and registered nurses and third lowest for mental health professionals per capita. In addition, 100% of the county population resided in HRSA designated shortage areas for all three types of providers (primary, dental and mental).

Maternal and Child Health

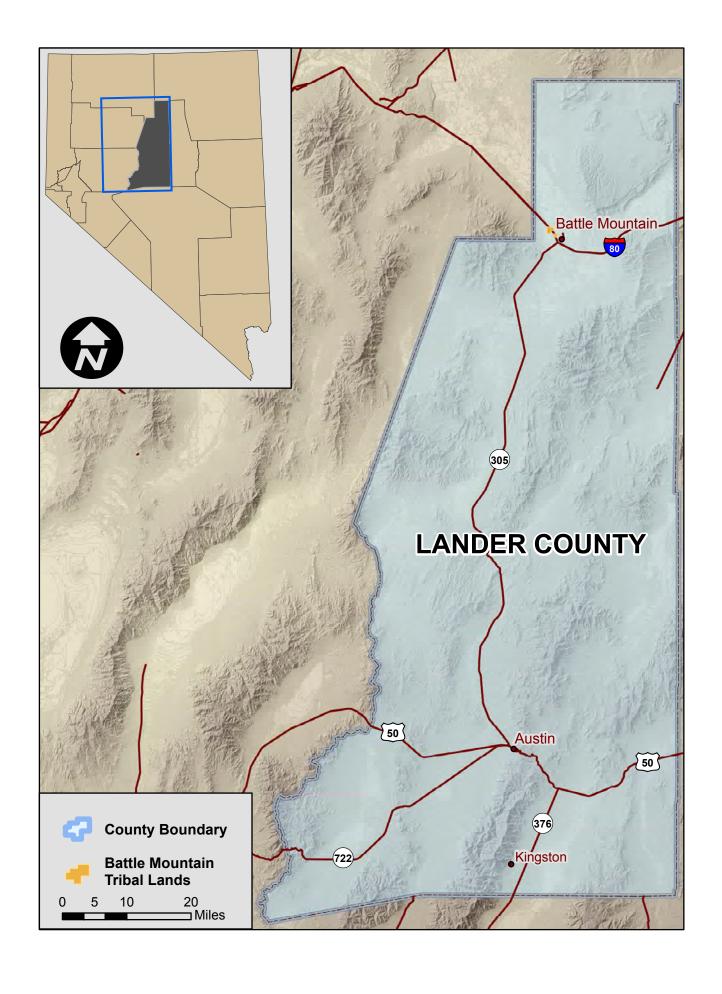
In 2013, Pershing County had the second highest pregnancy and birth rates but one of the lowest rates of mothers who obtained prenatal care in the first trimester at 55.6%.

Infectious and Chronic Diseases

Pershing County residents had the fourth lowest prostate cancer incidence rate at 93.5 per 100,000 but the third highest breast cancer incidence rate at 207.8 per 100,000 (aggregate data 2008-2012).

Mortality

In 2013, out of 16 counties for which data were available, Perishing County had the fourth highest overall mortality rate at 951.0 per 100,000.



Total population: 6,412 people, 0.2% of Nevada's population

Land area: 5,490.1 mi²

Population density: 1.2 people per mi²

Battle Mountain is the county seat of Lander and home to the majority of residents in the county. In 2014, the top two employers were gold ore mining companies, Cortez Gold Mines and Newmont Mining Corporation, followed by the county government, the school district, and Battle Mountain General Hospital.

Lander County experienced 18.9% in population growth from 2005 through 2015. In 2015, an estimated 72.8% of the population was White, non-Hispanic, 20% Hispanic, 4.7% American Indian, 1.5% Asian/Pacific Islander and 1% African American.

The population of ages 25 to 29 years more than tripled during the past decade (2005-2015), although this age group is still less than 1,000 persons. There were also large increases in the population 70 to 79 years old.

Socioeconomic Factors

Lander County had the second highest proportion of the population that does not have a high school diploma or GED equivalent at 18.9%, while 34.1% had earned a high school diploma/GED, and 19.8% had a 2-year college degree or higher (5-year estimates 2009-2013).

In 2014, the Lander County high school graduation rate was 71.3%.

Lander County had the highest 5-year (2009-2013) estimated median household income in Nevada at \$72,742.

The 5-year (2009-2013) estimated median household value was the third lowest in the state at \$103,000.

Seventy-eight percent of houses were owner-occupied, and only 2.7% of owners paid an unaffordable mortgage (5-year estimates 2009-2013).

Lander County had some of the lowest rates of overall poverty, children in poverty and seniors in poverty (5-year estimates 2009-2013).

Quality of Life Factors

In 2012, Lander County had the fourth highest violent crime rate at 643.0 per 100,000.

le 13.6 Lander County P	opulation Cha	nge, by Sex, Ag	ge, and Race/E	thnicity, 2005	and 2015
Cau	200)5	2015		10 Year Change
Sex	Number	Percent	Number	Percent	Percent
Male	2,777	51.5%	3,237	50.5%	16.6%
Female	2,616	48.5%	3,176	49.5%	21.4%
Age Group					
0-4 years	339	6.3%	425	6.6%	25.4%
5-9 years	486	9.0%	471	7.3%	-3.1%
10-14 years	461	8.5%	388	6.1%	-15.8%
15-19 years	504	9.3%	526	8.2%	4.4%
20-24 years	362	6.7%	542	8.5%	49.7%
25-29 years	175	3.2%	604	9.4%	245.1%
30-34 years	220	4.1%	408	6.4%	85.5%
35-39 years	339	6.3%	195	3.0%	-42.5%
40-44 years	446	8.3%	243	3.8%	-45.5%
45-49 years	438	8.1%	374	5.8%	-14.6%
50-54 years	407	7.5%	457	7.1%	12.3%
55-59 years	387	7.2%	419	6.5%	8.3%
60-64 years	320	5.9%	383	6.0%	19.7%
65-69 years	209	3.9%	357	5.6%	70.8%
70-74 years	121	2.2%	285	4.4%	135.5%
75-79 years	66	1.2%	172	2.7%	160.6%
80-84 years	60	1.1%	94	1.5%	56.7%
85+ years	52	1.0%	70	1.1%	34.6%
Race/Ethnicity					
White, non-Hispanic	3,847	71.3%	4,669	72.8%	21.4%
Black/African	43	0.8%	64	1.0%	48.8%
American, non-					
Hispanic American	262	4.9%	302	4.7%	15.3%
Indian/Eskimo/Aleut,	202	4.570	302	4.770	13.370
non-Hispanic					
Asian/Pacific Islander, non-Hispanic	74	1.4%	97	1.5%	31.1%
Hispanic, any race	1,166	21.6%	1,280	20.0%	9.8%
Total Population	5,392		6,412		18.9%

Environmental Health Factors

An estimated 15.4% of Lander County's population reported having low access to grocery stores in 2010, making it one of the better counties in the state in terms of access to a grocery store.

Lander County had one of the lowest rates of fast food restaurants per capita at 17 per 100,000 people (2011).

Based on data from 2010 and 2013, 85% of the county's population had adequate access to places to engage in physical activities.

Access to Health Resources

In 2014, 100% of the county population resided in a HRSA defined shortage area for all three types of providers (primary, dental, mental).

In 2014, Lander County had the second lowest rate of primary care and dental care providers per capita and the third lowest rate of dental providers per capita.

Maternal and Child Health

In 2013, Lander County had the third highest overall birth rate (65.9 per 1,000 women ages 15 to 44 years) and the highest teenage birth rates in the state at 949.6 per 1,000 women ages 15 to 19 years.

Infectious and Chronic Diseases

Lander County had the lowest prostate cancer incidence rate at 70.7 per 100,000 and the third lowest breast cancer incidence rate at 152.4 per 100,000 (aggregate data 2008-2012).

Lander County had the second highest colorectal cancer incidence rate at 62.5 per 100,000 (aggregate data 2008-2012).

Mortality

In 2013, Lander County had the third highest overall mortality rate at 1,204.3 per 100,000 among the 16 counties with sufficient data.

County-by-County/ Regional Summaries

Elko, White Pine & Eureka Counties

- Regional Data
- Elko County
- White Pine County
- Eureka County

Elko, White Pine and Eureka Counties Regional Summary

In 2015, the Elko, Eureka and White Pine Counties combined represented 2.3% of Nevada's population.

Quality of Life Factors

Slightly over one-quarter (25.2%) of adolescents in this region reported they had carried a weapon in the past month, and 27.2% reported they had been in a physical fight within the past year (2013).

Health Behaviors

An estimated 38.3% of adolescents reported using the computer for three or more hours each school day, and 31.1% reported watching television for three or more hours every school day, both of which were the second highest reported rates among the other counties/regions (2013).

The region had the second highest rate of adolescent obesity at 12.6% and the highest prevalence of adolescents who were overweight, at 16.9% (2013).

Among adolescents, this region had the highest current tobacco use at 26.7% and the second highest current alcohol use at 38.9% (2013).

About one quarter (25.5%) of adults in this region reported they currently smoked tobacco, which was the second highest rate. In addition, 20.2% of adults reported binge drinking, which was the highest among all counties/regions in Nevada (aggregate data 2011-2014).

In 2012, this region had the lowest rate for drug-related drug fatalities at 9.6 per 100,000.

Preventive and Protective Health Factors

Based on data from 2012 and 2014, this region is among the worst ranked for cancer screenings. Adults reported the lowest mammogram (breast cancer screening) rate at 64.9% and second lowest rates for PSA (prostate cancer screening) at 38.5%.

Adults in this region had the lowest annual influenza immunization rates at 23.7% (aggregate data 2011-2014) and the lowest lifetime pneumococcal immunization rates among those 65+ years at 62.5% (aggregate data 2011-2014).

Adolescents in this region reported the highest rate of not wearing a seatbelt at 13.7% (2013).

Access to Health Resources

Based on aggregate data from 2011-2014, approximately 82.7% of residents had health insurance, which was the highest among all regions/counties.

Maternal and Child Health

In 2013, this region had the lowest rate of infants born low birth weight at 5.7%.

General, Mental and Sexual Health Status

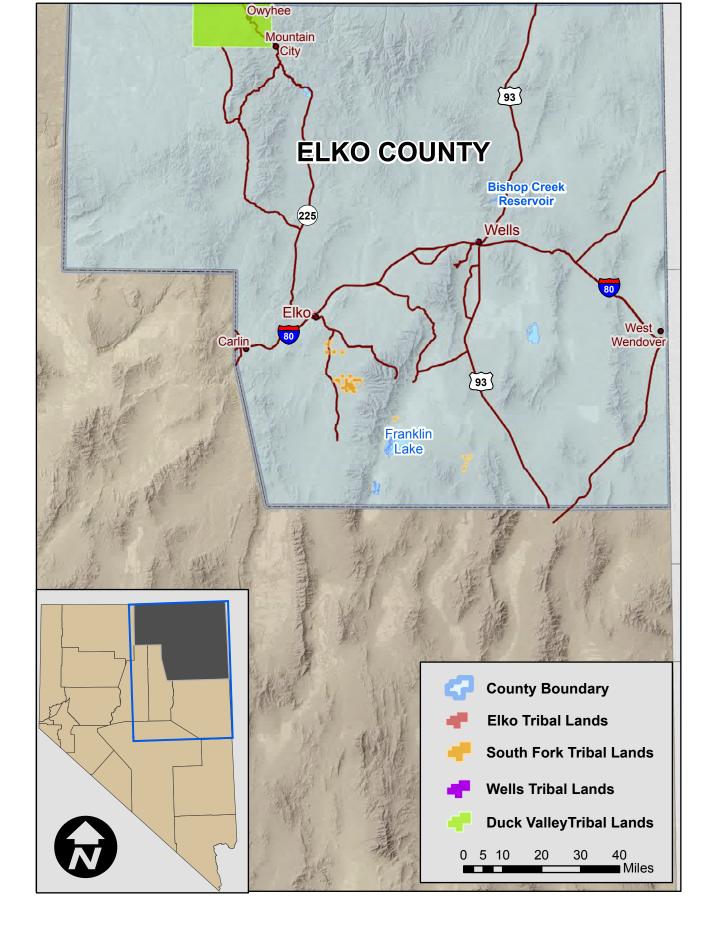
An estimated 7.7% of adults reported poor mental health for 10+ days in the past month, which was the lowest rate among all regions/counties (aggregate data 2011-2014).

Approximately 34.3% of adolescents reported they felt hopeless/sad almost every day for 2+ weeks in a row, which was highest among all regions/counties (2013).

In 2013, 15.1% of adolescents reported they had attempted suicide in the past year, which was second highest among all regions/counties.

Adolescents in this region had the highest rate of reported sexual dating violence in the past year at 16.8% (2013).

Approximately 13.5% of adolescents reported they had ever been forced to have sexual intercourse, which was the highest rate among all regions/counties in Nevada (2013).



Total population: 54,296 people, 1.9 % of Nevada's population

Land area: 17,169.8 mi²

Population density: 3.2 people per mi²

A large proportion of Elko County residents live in the city of Elko. In 2014, the top employers were the school district, an industrial construction company, followed by three casino hotels.

Elko County was one of the fastest-growing counties in Nevada, with a population growth of 19.8% from 2005 to 2015. In 2015, 70.2% were White, non-Hispanic, 23.3% Hispanic, 4.8% were Native American/Alaska Native, <1% were Asian/Pacific Islander and <1% African American.

Elko County has seen more growth in the population less than 9 years old relative to other counties in Nevada, as well as growth in the population 55 years and older. The Hispanic population increased by 45.8%, which is more than any other county in Nevada.

Socioeconomic Factors

Just over a quarter (26.5%) of residents had earned a 2-year college degree or higher, 28.1% had earned a high school diploma/GED, and 16.8% had no high school diploma or GED equivalent (5-year estimates 2009-2013).

In 2014, the Elko County high school graduation rate was 76.8%.

Elko County had the second highest median household income among the counties in Nevada, at \$70,238 (5-year estimates 2009-2013).

Elko County had the fourth highest median household value \$184,300, and 70.1% of households were owner-occupied (5-year estimates 2009-2013).

In 2014, Elko County had the second lowest annual unemployment rate in the state at 5.5%.

Elko County had the lowest overall poverty rate and the lowest poverty rate among seniors (5-year estimates 2009-2013).

Eleven percent of children were living in poverty, which was one of the lowest rates in the state (5-year estimates 2009-2013).

About 9.7% of the population was food insecure, which was one the lowest rates of food insecurity in the state (2013).

	2005		2015		10 Year Chang
Sex	Number	Percent	Number	Percent	Percent
Male	23,531	51.9%	27,725	51.1%	17.8%
Female	21,797	48.1%	26,572	48.9%	21.9%
Age Group					
0-4 years	3,010	6.6%	3,873	7.1%	28.7%
5-9 years	3,024	6.7%	4,183	7.7%	38.3%
10-14 years	3,529	7.8%	3,545	6.5%	0.5%
15-19 years	3,868	8.5%	3,562	6.6%	-7.9%
20-24 years	3,817	8.4%	4,041	7.4%	5.9%
25-29 years	3,483	7.7%	4,348	8.0%	24.8%
30-34 years	3,059	6.7%	4,289	7.9%	40.2%
35-39 years	2,843	6.3%	3,954	7.3%	39.1%
40-44 years	3,615	8.0%	3,441	6.3%	-4.8%
45-49 years	4,019	8.9%	3,006	5.5%	-25.2%
50-54 years	3,273	7.2%	3,628	6.7%	10.8%
55-59 years	2,417	5.3%	3,934	7.2%	62.8%
60-64 years	1,898	4.2%	3,074	5.7%	62.0%
65-69 years	1,476	3.3%	2,079	3.8%	40.9%
70-74 years	918	2.0%	1,482	2.7%	61.4%
75-79 years	543	1.2%	1,009	1.9%	85.8%
80-84 years	277	0.6%	511	0.9%	84.5%
85+ years	258	0.6%	337	0.6%	30.6%
Race/Ethnicity					
White, non-Hispanic	33,509	73.9%	38,116	70.2%	13.7%
Black/African American, non-	336	0.7%	393	0.7%	17.0%
Hispanic					
American Indian/Eskimo/Aleut, non-Hispanic	2,371	5.2%	2,612	4.8%	10.2%
Asian/Pacific Islander, non- Hispanic	422	0.9%	508	0.9%	20.4%
Hispanic, any race	8,690	19.2%	12,668	23.3%	45.8%
Total Population	45,328		54,296		19.8%

Quality of Life Factors

Nearly a quarter (24%) of children were living in single-parent households, which was one of the lowest rates in the state among the counties with available data (5-year estimates 2009-2013).

In 2012 Elko County had the fourth highest property crime rate in the state at 2,424.1 per 100,000.

Environmental Health Factors

In 2011, Elko County had the fourth highest fast food rate in the state at 71 per 100,000.

Preventive and Protective Health Factors

In 2014, approximately 66.9% of children 19 to 35 months of age in Elko County received each of the vaccines in the recommended 4:3:1:3:3:1:4 childhood vaccination series, compared to 68.8% in Nevada overall.

Access to Health Resources

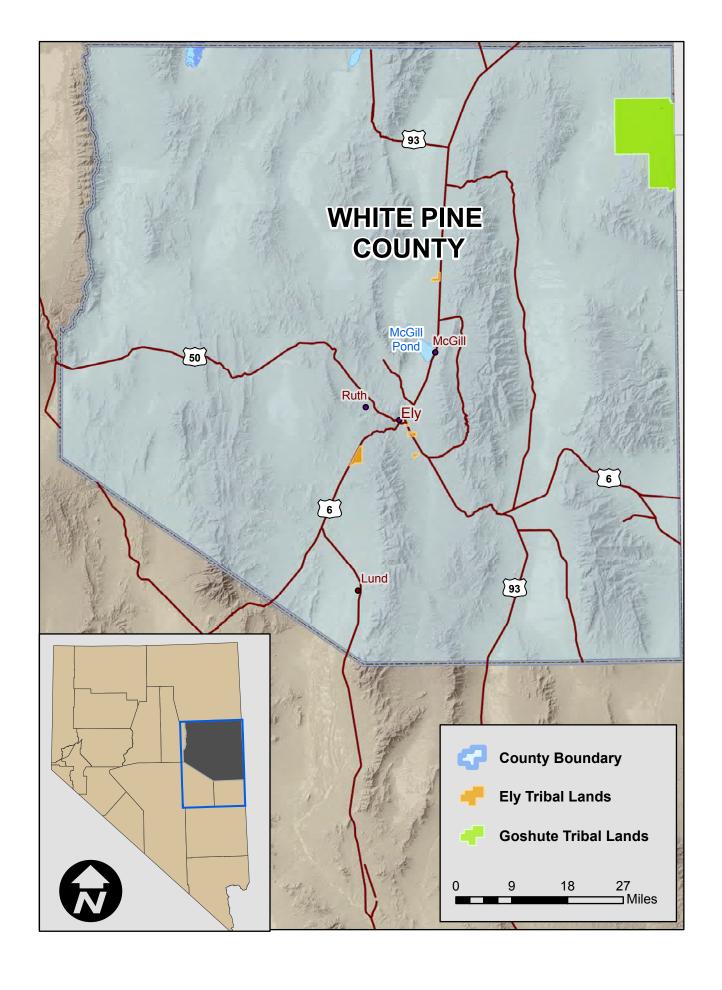
The entire Elko County population resides in a HRSA designated mental health provider shortage area (2014).

Infectious and Chronic Diseases

Elko County had the fifth lowest incidence rate for breast cancer at 160.1 per 100,000, the third lowest incidence rate for prostate cancer at 86.1 per 100,000, and the lowest incidence rate for colorectal cancer at 41.2 per 100,000 (aggregate data 2008-2012).

Mortality

In 2013, Elko County was fairly low for overall mortality rates, at 756.6 per 100,000, and ranked 12 out of the 16 counties for which there was adequate data.



Total population: 9,128 people, 0.3% of Nevada's population

Land area: 8,875.65 mi²

Population density: 1.0 people per mi²

The majority of White Pine County residents live in the county seat of Ely. In 2014, the top two employers were mining companies, followed by the department of corrections, the school district and William Bee Ririe Hospital.

White Pine experienced a 15% population growth rate from 2005 to 2015. In 2015, the county was predominately White, non-Hispanic (82.8%), with 9.8% of the population identifying as Hispanic, 5% American Indian, 1.4% Asian/Pacific Islander and 1% African American.

Although the population of 25 to 29 years old doubled over the last decade, in 2015, it was still less than 1,000 people. White Pine County was one of the few counties to experience slow to negative growth in the population over 70 years old; however, there was an increase among those who are 60 to 69 years of age.

Socioeconomic Factors

Less than a quarter (23.1%) of the population had earned a 2-year college degree or higher, 37.3% had earned a high school diploma/GED, and 14% had not earned a high school degree or GED equivalent (5-year estimates 2009-2013).

In 2014, the White Pine County high school graduation rate was 77.8%.

White Pine County's annual median household income was \$48,585, which was lower than the state median household income of \$52,800 (5-year estimates 2009-2013).

White Pine County had the third highest poverty rates among seniors (65+ years) at 12% (5-year estimates 2009-2013).

The median household value was the fifth lowest at \$133,800 and only 14% of household owners pay an unaffordable mortgage, which was the second lowest rate in the state (5-year estimates 2009-2013).

in 2014, White Pine County had a relatively low annual unemployment rate at 6%.

Quality of Life Factors

In 2012, White Pine County had the fifth lowest property crime rate at 1,410.4 per 100,000 population.

Table 13.8 White Pine Coun	Table 13.8 White Pine County Population Change, by Sex, Age, and Race/Ethnicity, 2005 and 2015						
	200)5	2015		10 Year Change		
Sex	Number	Percent	Number	Percent	Percent		
Male	3,896	49.1%	4,575	50.1%	17.4%		
Female	4,043	50.9%	4,552	49.9%	12.6%		
Age Group							
0-4 years	417	5.3%	624	6.8%	49.6%		
5-9 years	540	6.8%	541	5.9%	0.2%		
10-14 years	523	6.6%	456	5.0%	-12.8%		
15-19 years	676	8.5%	643	7.0%	-4.9%		
20-24 years	528	6.6%	717	7.9%	35.8%		
25-29 years	440	5.5%	934	10.2%	112.3%		
30-34 years	405	5.1%	653	7.2%	61.2%		
35-39 years	337	4.2%	472	5.2%	40.1%		
40-44 years	550	6.9%	480	5.3%	-12.7%		
45-49 years	495	6.2%	412	4.5%	-16.8%		
50-54 years	666	8.4%	599	6.6%	-10.1%		
55-59 years	502	6.3%	476	5.2%	-5.2%		
60-64 years	419	5.3%	606	6.6%	44.6%		
65-69 years	350	4.4%	442	4.8%	26.3%		
70-74 years	337	4.2%	349	3.8%	3.6%		
75-79 years	275	3.5%	267	2.9%	-2.9%		
80-84 years	220	2.8%	213	2.3%	-3.2%		
85+ years	260	3.3%	244	2.7%	-6.2%		
Race/Ethnicity							
White, non-Hispanic	6,517	82.1%	7,561	82.8%	16.0%		
Black/African	82	1.0%	93	1.0%	13.4%		
American, non-							
Hispanic American	423	5.3%	453	5.0%	7.1%		
Indian/Eskimo/Aleut,	723	3.370	100	3.070	7.170		
non-Hispanic							
Asian/Pacific	131	1.6%	124	1.4%	-5.3%		
Islander, non- Hispanic							
Hispanic, any race	785	9.9%	896	9.8%	14.1%		
Total Population	7,940		9,128		15.0%		

Environmental Health Factors

Approximately 46.2% of the population was estimated to have low access to grocery stores (2010), and there was a relatively low rate of fast food restaurants (40 per 100,000) in White Pine County (2011).

Preventive and Protective Health Factors

In 2014, 69.1% of children 19-35 months of age in White Pine County received each of the vaccines in the recommended 4:3:3:1:3:4 childhood vaccination series . This was the third highest rate in the state.

Access to Health Resources

Only 2.9% of the population in White Pine County was estimated to be living in a HRSA designated primary care provider shortage area, but 100% of the population resided in a HRSA designated dental and mental health provider shortage area (2014).

Maternal and Child Health

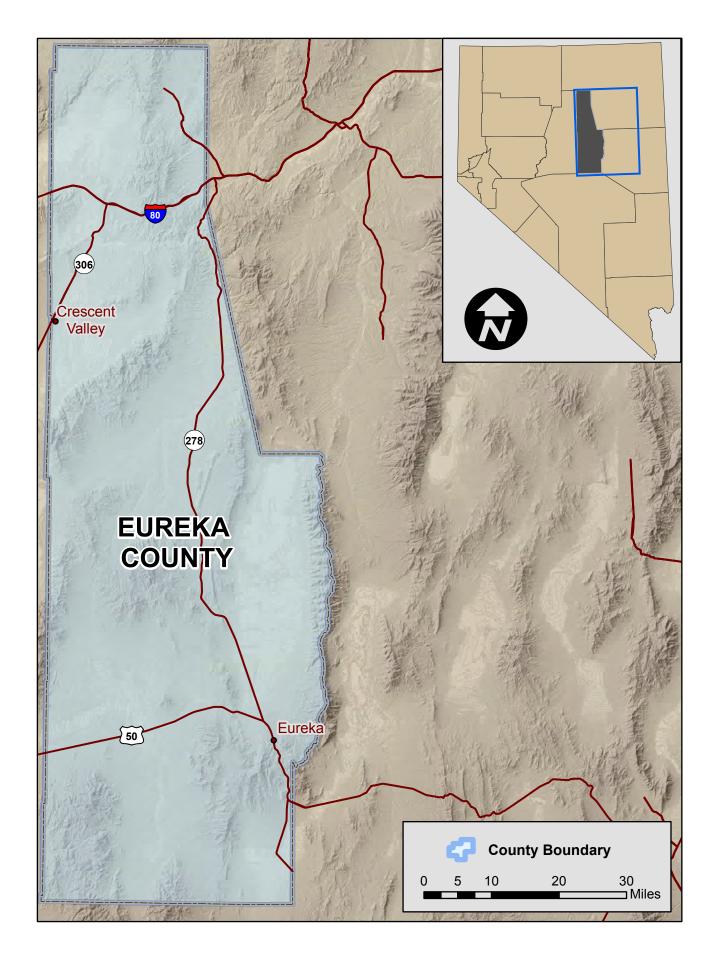
In 2013, approximately 56% of women in White Pine County received prenatal care in the first trimester compared to the state average at 62.7%.

Infectious and Chronic Diseases

White Pine County had the lowest rate of breast cancer incidence (124.3 per 100,000) and the second lowest colorectal cancer incidence rates (43.9 per 100,000), but the third highest prostate cancer incidence rates at 155.5 per 100,000 (aggregate data 2008-2012).

Mortality

In 2013, White Pine County was ranked 13 out of the 16 counties with efficient data for overall mortality rates at 752.4 per 100,000.



Total population: 2,019 people, 0.1% of Nevada's population

Land area: 4,175.68 mi²

Population density: 0.5 people per mi²

The county seat in Eureka County is the town of Eureka. In 2014, Newmont was the largest employer in the county, followed by Barrick (both very large mining companies), the county government, the school district, and an electric power plant.

Eureka County has seen a 24.3% increase in population over the past decade (2005-2015). In 2015, the county was predominately White, non-Hispanic at 87.7%, 9.6% identifying as Hispanic, 1.5% American Indian/Alaska Native, <1% Asian/Pacific Islander, and <1% African American. Eureka County is one of the few counties to experience a relatively similar population growth in all age categories.

Socioeconomic Factors

In 2014, Eureka County had the third highest high school graduation rate in the state at 86.4%.

Nearly a third (31.3%) of the population had earned a 2-year college degree or higher, 34.8% earned a high school diploma/GED, and 10.8% had not earned a high school diploma/GED (5-year estimates 2009-2013).

According to 5-year estimates (2009-2013), Eureka County's median household income was the third highest in the state at \$64,632.

In 2014, Eureka County had the third lowest annual unemployment rate at 5.9%.

Approximately 17.7% of owners paid an unaffordable monthly mortgage and 18.6% of renters paid an unaffordable monthly rent, which were among some of the lowest rates in the state (5-year estimates 2009-2013).

Eureka County had the lowest proportion of households enrolled in SNAP at 2.6% (5-year estimates 2009-2013) and the lowest proportion of students who qualified for the free-reduced meal programs at 23% (2014).

Environmental Health Factors

Eureka County had the highest rate of fast food restaurants at 101 per 100,000 population in 2011.

Only 1% of the population is estimated to have adequate access to locations for physical activity (2010 and 2013).

Table 13.9 Eureka County Population Change, by Sex, Age, and Race/Ethnicity, 2005 and 2015						
Com	20	05	2015		10 Year Change	
Sex	Number	Percent	Number	Percent	Percent	
Male	842	51.8%	1,043	51.7%	23.9%	
Female	782	48.2%	976	48.3%	24.8%	
Age Group						
0-4 years	97	6.0%	130	6.4%	34.0%	
5-9 years	114	7.0%	141	7.0%	23.7%	
10-14 years	151	9.3%	187	9.3%	23.8%	
15-19 years	118	7.3%	146	7.2%	23.7%	
20-24 years	49	3.0%	61	3.0%	24.5%	
25-29 years	65	4.0%	81	4.0%	24.6%	
30-34 years	120	7.4%	148	7.3%	23.3%	
35-39 years	144	8.9%	179	8.9%	24.3%	
40-44 years	139	8.6%	171	8.5%	23.0%	
45-49 years	115	7.1%	142	7.0%	23.5%	
50-54 years	122	7.5%	151	7.5%	23.8%	
55-59 years	107	6.6%	132	6.5%	23.4%	
60-64 years	80	4.9%	99	4.9%	23.8%	
65-69 years	68	4.2%	84	4.2%	23.5%	
70-74 years	64	3.9%	80	4.0%	25.0%	
75-79 years	41	2.5%	49	2.4%	19.5%	
80-84 years	22	1.4%	26	1.3%	18.2%	
85+ years	10	0.6%	12	0.6%	20.0%	
Race/Ethnicity						
White, non-Hispanic	1,421	87.5%	1,770	87.7%	24.6%	
Black/African	6	0.4%	7	0.3%	16.7%	
American, non-						
Hispanic American	25	1.5%	31	1.5%	24.0%	
Indian/Eskimo/Aleut,	25	1.570	31	1.570	24.070	
non-Hispanic						
Asian/Pacific	15	0.9%	18	0.9%	20.0%	
Islander, non- Hispanic						
Hispanic, any race	157	9.7%	193	9.6%	22.9%	
Total Population	1,624		2,019		24.3%	

Access to Health Resources

Eureka County had the second lowest rate of registered nurses per capita. Moreover, there were no licensed mental health providers in 2014.

The entire population resided in HRSA designated primary care and mental health provider shortage areas in 2014. However, none of the Eureka County population was living in a HRSA designated dental health provider shortage area in 2014.

Maternal and Child Health

In 2013, Eureka County had some of the lowest pregnancy (35.7) and birth rates (33.0) per 1,000 women ages 15 to 44 years.

Mortality

In 2013, Eureka County was ranked 14 lowest out of 16 counties with sufficient data, for overall mortality rates at 694.6 per 100,000 persons.

County-by-County/ Regional Summaries

Nye, Lincoln & Esmeralda Counties

- Regional Data
- Nye County
- Lincoln County
- Esmeralda County

Nye, Lincoln and Esmeralda Counties Regional Summary

Nye, Esmeralda, and Lincoln Counties were combined and account for 1.8% of the state's population in 2015.

Quality of Life Factors

In 2013, Nye, Esmeralda, and Lincoln Counties combined had the second highest rate of adolescents who reported carrying a weapon in the past month at 28% and the highest rate of reported physical fights in the past year at 31.3%.

Health Behaviors

In 2013, approximately 59.9% of adolescents in Nye, Esmeralda, and Lincoln Counties reported at least one hour of physical activity for five out of the past seven days, which was the highest rate of physical activity.

In 2013, about a quarter (25.9%) of adolescents in Nye, Esmeralda, and Lincoln Counties reported watching television three or more hours a day during every school day, which was the second lowest reported rate among the regions/counties.

Adults in this combined region were the least physically active with only 68.2% reporting any physical activity outside work (aggregate data 2011-2014).

Prevalence rates of overweight (9.4%) and obesity (10.9%) among adolescents in Nye, Esmeralda, and Lincoln Counties were the lowest among the regions/counties in 2013.

In 2013, adolescents in Nye, Esmeralda, and Lincoln Counties reported the lowest rate of current alcohol use at 28.4% as well as the lowest current use of marijuana at 14.3% among adolescents in all counties/regions.

Adults in this combined region reported the highest smoking rate at 28.8%, the lowest rates of binge drinking at 14.5%, and the second lowest rate for heavy drinking at 6.3% (aggregate data 2011-2014).

This combined region had the highest rate of drug-related fatalities in 2012 at 44.0 per 100,000.

Preventive and Protective Health Factors

At 65.3%, this combined region had the lowest reported rate of mammograms (breast cancer screening) among women 40+ years of age (aggregate data 2012 and 2014).

This combined region had the lowest rate of colon cancer screenings among adults 50+ years of age at 53.1% (aggregate data 2012-2014).

Access to Health Resources

An estimated 15.4% of residents in this combined region could not see a provider due to cost, which was the lowest among all regions/counties (aggregate data 2011-2014).

Maternal and Child Health

In 2013, this combined region had the second highest proportion of infants born as low birth weight at 9.1%.

This combined region had the lowest abortion rates in 2013 at 2.3 among 1,000 women aged 15 to 44 years.

General, Mental and Sexual Health Status

Approximately 22.9% of adults reported their health status as fair/poor, which was the highest rate among all counties/regions (aggregate data 2011-2014).

This combined region had the highest proportion of adults who reported their mental or physical health was not good for 10+ days in the past month at 14.4% (aggregate data 2011-2014).

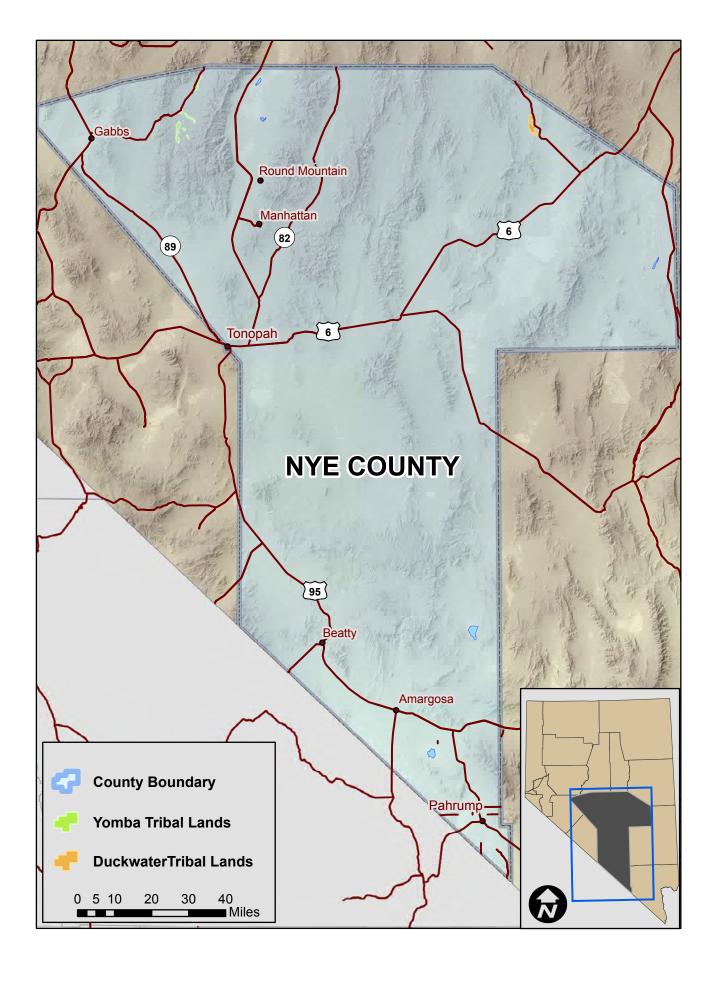
In 2012, this combined region had the highest suicide mortality rate at 33.8 per 100,000.

In 2013, adolescents in Nye, Esmeralda, and Lincoln Counties reported the highest rates of physical dating violence at 13.7%.

In 2013, adolescents in Nye, Esmeralda, and Lincoln Counties reported the lowest rates of having ever been forced to have sexual intercourse at 9.1%.

Infectious and Chronic Diseases

Adults in this combined region reported the highest rates among all counties/regions of having asthma at 10.9% and having been diagnosed with diabetes at 13.7% (aggregate data 2011-2014).



Total population: 44,470 people, 1.6% of Nevada's population

Land area: 18,181.92 mi²

Population density: 2.4 people per mi²

Nye County is the largest county in the state of Nevada in terms of land size. Its county seat is Tonopah. In 2014, the top employers were the National Securities Technologies, Round Mountain Gold Corp (gold ore mining), the school district, the county government, and a Wal-Mart Supercenter.

From 2005 to 2015, Nye County population grew by 11.1%. As of 2015, the population was primarily White, non-Hispanic at 84.1%, followed by Hispanic at 10.7%, American Indian/Alaska Native at 2.3%, Asian/Pacific Islander at 1.7%, and African American at 1.2%. Over the past decade (2005-2015), the population growth was highest among those aged 25 to 29 years and those 80 years and older.

Socioeconomic Factors

Only 17.8% of the population had earned a 2-year college degree or higher, which was the second lowest in Nevada, 36.2% had a high school diploma/GED, and 16.7% had not earned a high school degree or GED equivalent (5-year estimates 2009-2013).

In 2014, Nye County high school graduation rates were 67.0%, which was the second lowest in the state.

Nye County had the third lowest annual median household income level at \$39,876 (5-year estimates 2009-2013).

In 2014, Nye County's annual unemployment rate was 9.5%, the third highest in Nevada.

Nye County had the third highest overall poverty rates at 18.9% and the highest poverty rates among children at 33.1% (5-year estimates 2009-2013).

According to 5-year estimates (2009-2013), Nye County had the second least affordable rental rates in the state as 58.4% of renters paid an unaffordable monthly rent. In addition, 46.3% of owners paid an unaffordable mortgage, which was the second highest rate in Nevada.

In 2014, Nye County was estimated to have the third highest rates of food insecurity at 16.9%.

Nye County had the highest proportion of households in the state enrolled in SNAP at 16.1% of the county population (5-year estimates 2009-2013).

In 2014, Nye County had the highest rate of students who qualified for the free-reduced meal program at 65%.

	2005		2015		10 Year Chang
Sex	Number	Percent	Number	Percent	Percent
Male	20,227	50.5%	21,914	49.3%	8.3%
Female	19,812	49.5%	22,554	50.7%	13.8%
Age Group					
0-4 years	1,859	4.6%	1,871	4.2%	0.6%
5-9 years	2,142	5.3%	2,319	5.2%	8.3%
10-14 years	2,440	6.1%	2,318	5.2%	-5.0%
15-19 years	2,598	6.5%	2,584	5.8%	-0.5%
20-24 years	2,073	5.2%	2,700	6.1%	30.2%
25-29 years	1,733	4.3%	2,677	6.0%	54.5%
30-34 years	1,771	4.4%	2,266	5.1%	28.0%
35-39 years	2,146	5.4%	2,143	4.8%	-0.1%
40-44 years	2,850	7.1%	2,249	5.1%	-21.1%
45-49 years	3,095	7.7%	2,627	5.9%	-15.1%
50-54 years	2,996	7.5%	3,266	7.3%	9.0%
55-59 years	2,955	7.4%	3,491	7.9%	18.1%
60-64 years	3,001	7.5%	3,325	7.5%	10.8%
65-69 years	2,804	7.0%	3,109	7.0%	10.9%
70-74 years	2,370	5.9%	2,814	6.3%	18.7%
75-79 years	1,714	4.3%	2,234	5.0%	30.3%
80-84 years	980	2.4%	1,479	3.3%	50.9%
85+ years	513	1.3%	998	2.2%	94.5%
Race/Ethnicity					
White, non-Hispanic	34,482	86.1%	37,394	84.1%	8.4%
Black/African	486	1.2%	548	1.2%	12.8%
American, non-					
Hispanic	0.41	2.40/	1.010	2.20/	0.20/
American Indian/Eskimo/Aleut,	941	2.4%	1,019	2.3%	8.3%
non-Hispanic					
Asian/Pacific	600	1.5%	763	1.7%	27.2%
Islander, non-					
Hispanic, any race	3,530	8.8%	4,743	10.7%	34.4%
Total Population	40,040	3.070	44,470	10.770	11.1%

Quality of Life Factors

According to 5-year estimates (2009-2013), approximately 43.2% of children in Nye County lived in a single-parent household, which was the highest among counties with sufficient data.

In 2012, Nye County had the fifth highest violent crime rates at 582.5 per 100,000 and the second highest property crime rate at 2,612.2 per 100,000.

Preventive and Protective Health Factors

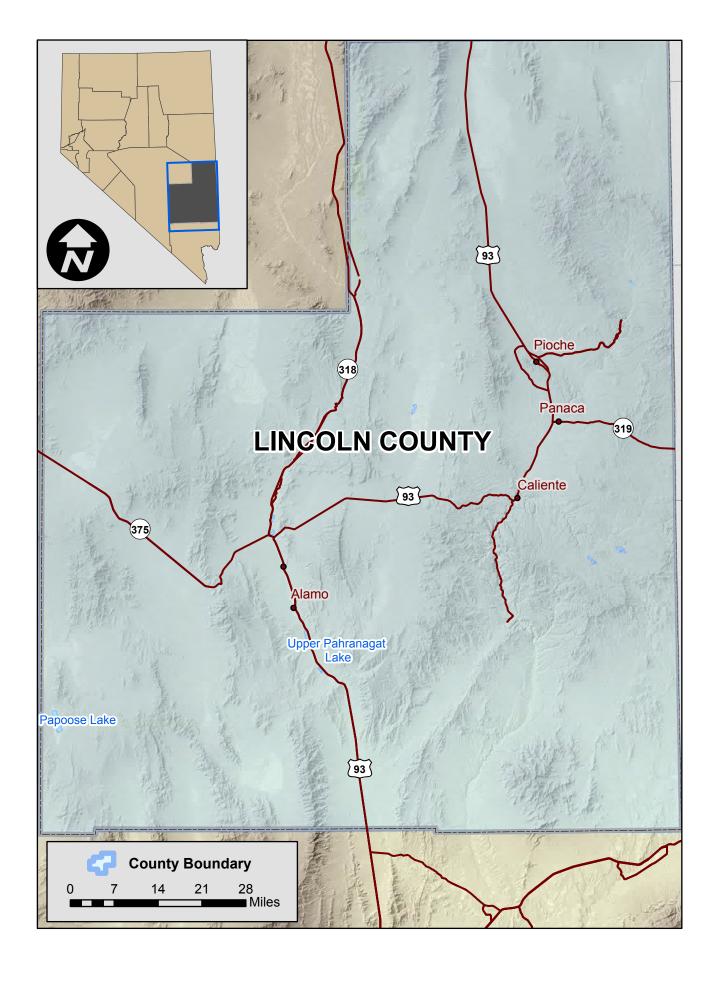
In 2014, just over half (51.3%) of children 19-35 months of age received each of the vaccines in the recommended 4:3:1:3:3:1:4 childhood vaccination series, which was the second lowest vaccination in the state.

Access to Health Resources

In 2014, 100% of the Nye County population lived in a HRSA designated shortage area for all three types of providers (primary, dental and mental).

Mortality

Nye County was ranked 6 out of 16 counties with sufficient data for overall mortality rates in 2013 at 952.2 per 100,000.



Total population: 4,988 people, 0.2 % of Nevada's population

Land area: 10,633.2 mi²

Population density: 0.5 people per mi²

The county seat in Lincoln County is the town of Pioche. In 2014, the largest employers were the school district, the county government, a residential mental and substance abuse care facility, the Grover C Dils Medical Center, and Great Basin Foods (grocery store).

Lincoln County experienced an increase in population of 16.9% over the past decade (2005-2015). In 2015, the majority of residents were White, non-Hispanic at 88.3%, 6% were Hispanic, 3.1% Native American/Alaska Native, 1.6% Asian/Pacific Islander, and 1% African American. The population group ages 35 to 39 years has more than doubled, and the population group aged 55 years and older has increased.

Socioeconomic Factors

Less than a quarter (24.2%) of the population had earned a 2-year college degree or higher, 32.2% had earned a high school diploma/GED, and 17.3% had not earned a high school degree or GED equivalent (5-year estimates 2009-2013).

In 2014, Lincoln County's high school graduation rate was 80.8%.

The 2014, the annual unemployment rate in Lincoln County was 7.8%, which was slightly higher than the rate for Nevada at 7.5%.

At 13%, Lincoln County had the second highest poverty rate among seniors (5-year estimates 2009-2013).

Based on 2013 data, 18.5% of Lincoln County residents were food insecure, which was the highest rate in Nevada. However according to the 5-year estimates (2009-2013), Lincoln County had the second lowest rate of households enrolled in SNAP at 3.6%.

Quality of Life Factors

In 2012, Lincoln County had the lowest violent crime rate among all counties in Nevada at 41.2 per 100,000.

Environmental Health Factors

Lincoln County was the only county in which 100% of the population was estimated to have inadequate access to grocery stores (2010).

Table 13.11 Lincoln County	Population Cha	ange, by Sex, A	ge, and Race/	Ethnicity, 2005	and 2015
	200)5	2015		10 Year Change
Sex	Number	Percent	Number	Percent	Percent
Male	2,131	49.9%	2,501	50.1%	17.4%
Female	2,137	50.1%	2,488	49.9%	16.4%
Age Group					
0-4 years	245	5.7%	258	5.2%	5.3%
5-9 years	256	6.0%	279	5.6%	9.0%
10-14 years	250	5.9%	329	6.6%	31.6%
15-19 years	395	9.3%	320	6.4%	-19.0%
20-24 years	322	7.5%	317	6.4%	-1.6%
25-29 years	262	6.1%	307	6.2%	17.2%
30-34 years	285	6.7%	235	4.7%	-17.5%
35-39 years	141	3.3%	303	6.1%	114.9%
40-44 years	252	5.9%	366	7.3%	45.2%
45-49 years	272	6.4%	189	3.8%	-30.5%
50-54 years	278	6.5%	309	6.2%	11.2%
55-59 years	257	6.0%	346	6.9%	34.6%
60-64 years	264	6.2%	337	6.8%	27.7%
65-69 years	236	5.5%	330	6.6%	39.8%
70-74 years	214	5.0%	301	6.0%	40.7%
75-79 years	151	3.5%	229	4.6%	51.7%
80-84 years	113	2.6%	151	3.0%	33.6%
85+ years	76	1.8%	82	1.6%	7.9%
Race/Ethnicity					
White, non-Hispanic	3,850	90.2%	4,406	88.3%	14.4%
Black/African	19	0.4%	48	1.0%	152.6%
American, non-					
Hispanic American	132	3.1%	155	3.1%	17.4%
Indian/Eskimo/Aleut,	132	3.170	133	3.170	17.470
non-Hispanic					
Asian/Pacific	48	1.1%	82	1.6%	70.8%
Islander, non- Hispanic					
Hispanic, any race	220	5.2%	299	6.0%	35.9%
Total Population	4,268		4,988		16.9%

Preventive and Protective Health Factors

In 2014, Lincoln County children 19 to 35 months of age had the third lowest rate of vaccination (52.8%) for the recommended 4:3:1:3:3:1:4 childhood vaccination series in Nevada.

Access to Health Resources

The entire Lincoln County population resided in a HRSA defined provider shortage area for all three types of providers (primary, dental, and mental).

Maternal and Child Health

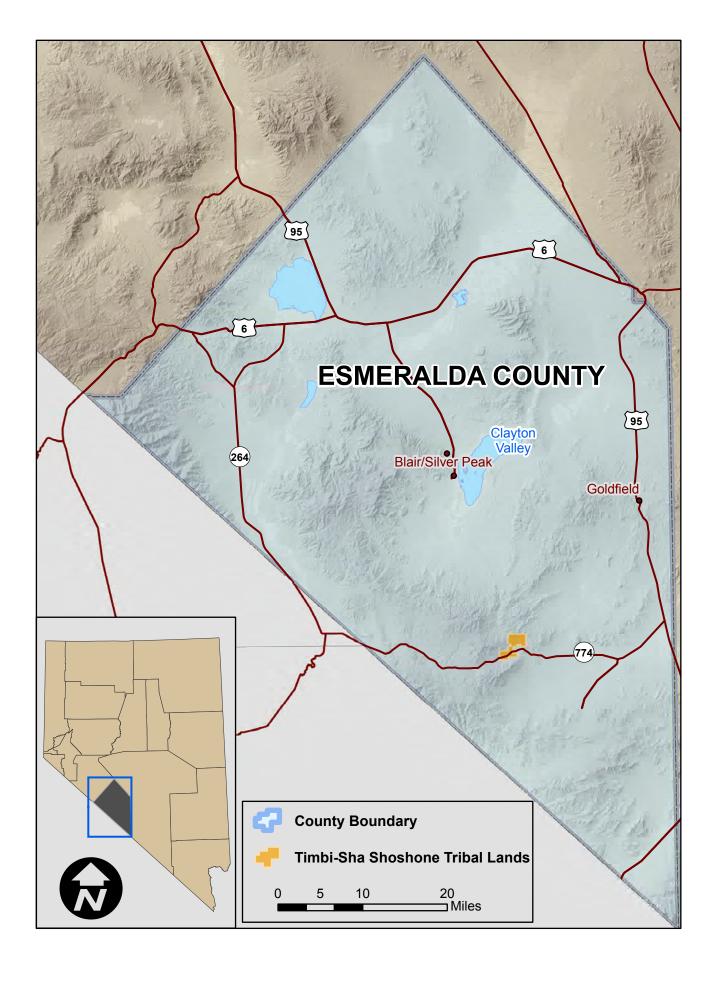
In 2013, Lincoln County had the lowest pregnancy (26.0 per 1,000 women 15 to 44 years) and birth rate (22.6 per 1,000 women 15 to 44 years) and the highest percentage of women who received prenatal care in the first trimester at 85%.

Infectious and Chronic Diseases

Lincoln County had the highest prostate cancer incidence rate in Nevada at 207.7 per 100,000 (aggregate data 2008-2012).

Mortality

Lincoln County was ranked 10 out of 16 counties with sufficient data for overall mortality rates in 2013 at 787.4 per 100,000.



Total population: 979 people, <0.1% of Nevada's population

Land area: 3,581.8 mi²

Population density: 0.3 people per mi²

Esmeralda County is the least populous county in Nevada. The majority of residents live in the county seat of Goldfield. Esmeralda County is home to several ghost town, and the highest mountain peak in Nevada, Boundary Peak. There are three elementary schools in the county. However, the school district has no middle and high schools, so students in grades 6-12 go to Tonopah in Nye County.

In 2014, the top employers in Esmeralda County were Mineral Ridge Gold (mining company), the county government, a lithium mining company, support activities for metal mining company, followed by the school district.

Esmeralda County experienced little population growth, with just a 3.7% increase over the past decade (2005-2015). The only notable growth occurred among those 4 years and younger indicating an increase in births or people with young children moving into the area.

Socioeconomic Factors

Less than one fifth (18.2%) of the population had earned a 2-year college degree or higher, 33.5% had a high school diploma/GED, and 16.7% had not earned a high school degree or GED equivalent (5-year estimates 2009-2013).

Esmeralda County had the lowest median household income of all counties in Nevada at \$30,284 (5-year estimates 2009-2013).

Esmeralda County had the highest rate of unaffordable rent as 63.7% of renters were paying an unaffordable rent each month. The county had the lowest median household value among all counties in Nevada at \$81,400 (5-year estimates 2009-2013).

In 2014, Esmeralda County's annual unemployment rate was 4.5%, which was the lowest among all counties in Nevada.

Esmeralda County had the highest overall poverty rate (22.3%), the highest poverty rate among seniors (16.3%) and the third highest poverty rate among children (26.4%) (5-year estimates 2009-2013).

In 2014, Esmeralda County had the third highest proportion of students who qualify for the free-reduced meal program (55%).

Table 13.12 Esmeralda	County Popula	ition Change, b	y Sex, Age, an	d Race/Ethnici	ty, 2005 and 2015
	20	05 2015		15	10 Year Change
Sex	Number	Percent	Number	Percent	Percent
Male	524	55.5%	543	55.5%	3.6%
Female	419	44.4%	436	44.5%	4.1%
Age Group					
0-4 years	33	3.5%	43	4.4%	30.3%
5-9 years	54	5.7%	55	5.6%	1.9%
10-14 years	55	5.8%	56	5.7%	1.8%
15-19 years	67	7.1%	69	7.0%	3.0%
20-24 years	35	3.7%	36	3.7%	2.9%
25-29 years	46	4.9%	47	4.8%	2.2%
30-34 years	45	4.8%	46	4.7%	2.2%
35-39 years	61	6.5%	62	6.3%	1.6%
40-44 years	71	7.5%	73	7.5%	2.8%
45-49 years	73	7.7%	76	7.8%	4.1%
50-54 years	79	8.4%	82	8.4%	3.8%
55-59 years	71	7.5%	73	7.5%	2.8%
60-64 years	90	9.5%	93	9.5%	3.3%
65-69 years	57	6.0%	58	5.9%	1.8%
70-74 years	41	4.3%	42	4.3%	2.4%
75-79 years	35	3.7%	36	3.7%	2.9%
80-84 years	15	1.6%	15	1.5%	0.0%
85+ years	16	1.7%	16	1.6%	0.0%
Race/Ethnicity					
White, non-Hispanic	802	85.0%	832	85.0%	3.7%
Black/African					
American, non- Hispanic	1	0.1%	1	0.1%	0.0%
American					
Indian/Eskimo/Aleut	44	4.7%	46	4.7%	4.5%
, non-Hispanic					
Asian/Pacific Islander, non-	2	0.2%	2	0.2%	0.0%
Hispanic	_	J.2/0	4	J.270	0.070
Hispanic, any race	94	10.0%	98	10.0%	4.3%
Total Population	944		979		3.7%

Quality of Life Factors

In 2012, Esmeralda County had the fifth lowest violent crime rate at 232.6 per 100,000 and the lowest property crime rate at 930.2 per 100,000 population.

Environmental Health Factors

Based on data from 2010, 97.2% of the population had low access to grocery stores.

Preventive and Protective Health Factors

In 2014, Esmeralda County had the lowest rate of vaccination among children 19-35 months of age, with only 44.4% having received each of the vaccines in the recommended 4:3:1:3:3:1:4 childhood vaccination series.

Access to Health Resources

The entire population lived in a HRSA defined provider shortage area for all three types of providers (primary, dental, and mental). In addition, there is no hospital in Esmeralda County.

Mortality

The mortality rate for Esmeralda County was suppressed in 2013.

County-by-County/ Regional Summaries

Lyon, Mineral, & Storey Counties

- Regional Data
- Lyon County
- Mineral County
- Storey County

Lyon, Mineral and Storey Counties Regional Summary

Lyon, Mineral and Storey Counties were combined into one region representing 2.1% of Nevada's population in 2015.

Quality of Life Factors

In 2013, this region had the highest rates of adolescents who reported they had been in a physical fight in the past 12 months at 31.3%.

Health Behaviors

Adolescents in this region had the highest rate of watching three or more hours of television each school day (34.5%) among all the counties/regions in Nevada (2013).

Adults in this region reported the second lowest rates of physical exercise outside of work at 72.9% (aggregate data 2011-2014).

Approximately 10.4% of adolescents in this region were classified as obese; another 11.3% were overweight (2013).

Adults in this region had the highest prevalence of overweight/obesity (68.9%) than other regions/counties in the state (aggregate data 2011-2014).

In 2013, an estimated 23.4% of adolescents reported they currently used tobacco, 38.7% reported they currently drank alcohol, and 20.2% reported they currently used marijuana.

According to aggregate data (2011-2014), adults in this region had the second highest rates of heavy drinking at 9.5%.

In 2012, the alcohol-related fatality rate was 44.2 per 100,000, and the drug-related fatality rate was 44.0 per 100,000, Both rates were the second highest among all counties/regions.

Preventive and Protective Health Factors

Approximately 73.0% of women 18+ years reported they had received a Pap test (cervical cancer screening) in the past three years (aggregate data 2012 & 2014).

Among women 40+ years, 68% reported they had received a mammogram (breast cancer screening) in the past two years (aggregate data 2012 & 2014).

Among men 40+ years, 42.6% reported they had received a PSA (prostate cancer screening) in the past two years (aggregate data 2012 & 2014).

Approximately 60.5% of adults 50+ years reported they had ever had a sigmoidoscopy/colonoscopy (colon cancer screening) (aggregate data 2012-2014).

Less than one-third (31.2%) of adults in this region reported they received an annual influenza immunization (aggregate data 2011-2014).

Adults aged 65+ years had the second lowest reported rates of having ever received a *Pneumococcal* vaccination at 63.5% (aggregate data 2011-2014).

Access to Health Resources

An estimated 78.6% of adults in this region had health insurance; however, nearly one quarter (23.3%) could not see a doctor due to cost, which was the highest rate among all regions/counties (aggregate data 2011-2014).

Maternal and Child Health

This region had the fourth highest teen birth rate at 32.3 per 1,000 women 15 to 19 years old (2013).

This region had the highest proportion of infants born low birth weight (9.2%) in the state (2013).

General, Mental and Sexual Health Status

In 2013, 14.7% of adolescents reported they had attempted suicide in the past 12 months, which was the third highest rate among all counties/regions.

This region had the second highest rate of adults who reported their health status to be fair/poor at 22.3% (aggregate data 2011-2014).

Approximately 15.5% of adults in this region had the third highest reported rates of 10+ days with poor mental health (aggregate data 2011-2014).

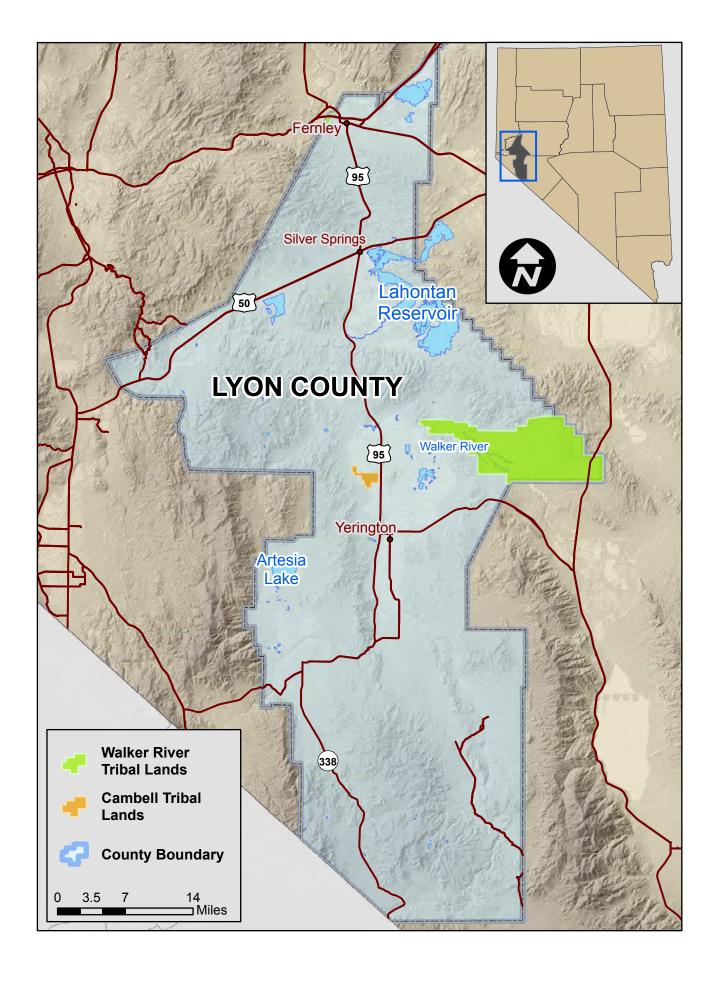
In 2012, this region had the third highest suicide mortality rate at 24.6 per 100,000.

Approximately 60.3% of adolescents had ever had sexual intercourse, which was the highest rate in Nevada. Among those who had been sexually active in the past three months, 56.4% wore a condom the last time they had sexual intercourse (2013).

Adolescents in this region had the third highest rate (12.4%) of reported physical dating violence but the lowest reported rates of sexual dating violence (9.8%) in 2013.

Infectious and Chronic Diseases

This region had the second highest rates of asthma (9.2%) and diabetes (10.5%) among adults (aggregate data 2011-2014).



Total population: 52,992 people, 1.9 % of Nevada's population

Land area: 2,001.2 mi²

Population density: 26.5 people per mi²

The county seat of Lyon County is Yerington. The county's top employers in 2014 were the school district, an Amazon warehouse, county government, a general warehouse and storage facility, and a Wal-Mart Supercenter.

Over the past decade (2005-2015) Lyon County experienced an increase of 8.5% population growth. In 2015, the majority of the population was White, non-Hispanic at 81.7%, 13.8% Hispanic, 2.5% American Indian, 1.1% Asian/Pacific Islander and <1% African American.

From 2005 to 2015, the largest population growth occurred among those 74 to 79 years of age and 85 and older, at 39.1% and 56.2%, respectively. The Asian/Pacific Islander and Hispanic populations experienced more growth than other racial or ethnic groups.

Socioeconomic Factors

Approximately one quarter (25.3%) of the Lyon County population had earned a 2-year college degree or higher, 30.1% had a high school diploma/GED, and 15.7% had not earned a high school degree or GED equivalent (5-year estimates 2009-2013).

The 2013 high school graduation rate in Lyon County was the fifth highest at 78.6%.

In 2014, the annual unemployment rate was the second highest in the state at 10.1%.

The Lyon County annual median household income was \$43,167, which was lower than the median for the state at \$52,800 (5-year estimates 2009-2013).

An estimated 49.9% of renters and 43.7% of owners in Lyon County were paying unaffordable monthly housing rates (5-year estimates 2009-2013).

In 2013, Lyon County's personal bankruptcy filing rate was the third highest in the state at 4.4 per 1,000 population.

Lyon County had the fourth highest food insecurity rates in 2013 at 16.5% of the population.

Table 13.13 Lyon County Po	pulation Change	e, by Sex, Age,	and Race/Eth	nicity, 2005 a	nd 2015
•	2005	5	2015 10 Ye		10 Year Change
Sex	Number	Percent	Number	Percent	Percent
Male	24,691	50.6%	26,343	49.7%	6.7%
Female	24,141	49.4%	26,649	50.3%	10.4%
Age Group					
0-4 years	2,957	6.1%	3,205	6.0%	8.4%
5-9 years	3,062	6.3%	3,120	5.9%	1.9%
10-14 years	3,105	6.4%	3,210	6.1%	3.4%
15-19 years	3,208	6.6%	3,374	6.4%	5.2%
20-24 years	2,907	6.0%	3,232	6.1%	11.2%
25-29 years	3,000	6.1%	3,341	6.3%	11.4%
30-34 years	3,202	6.6%	2,944	5.6%	-8.1%
35-39 years	3,246	6.6%	3,290	6.2%	1.4%
40-44 years	3,731	7.6%	3,453	6.5%	-7.5%
45-49 years	3,863	7.9%	3,514	6.6%	-9.0%
50-54 years	3,596	7.4%	3,852	7.3%	7.1%
55-59 years	3,251	6.7%	3,877	7.3%	19.3%
60-64 years	2,708	5.5%	3,549	6.7%	31.1%
65-69 years	2,396	4.9%	2,942	5.6%	22.8%
70-74 years	1,776	3.6%	2,263	4.3%	27.4%
75-79 years	1,340	2.7%	1,864	3.5%	39.1%
80-84 years	915	1.9%	1,073	2.0%	17.3%
85+ years	568	1.2%	887	1.7%	56.2%
Race/Ethnicity					
White, non-Hispanic	40,876	83.7%	43,314	81.7%	6.0%
Black/African	411	0.8%	458	0.9%	11.4%
American, non-					
Hispanic American	1,231	2.5%	1,327	2.5%	7.8%
Indian/Eskimo/Aleut,	1,231	2.570	1,527	2.370	7.070
non-Hispanic					
Asian/Pacific	479	1.0%	599	1.1%	25.1%
Islander, non- Hispanic					
Hispanic, any race	5,834	11.9%	7,294	13.8%	25.0%
Total Population	48,831		52,992		8.5%

Environmental Health Factors

Approximately 41.4% of the population was estimated to have low access to grocery stores in 2010.

Two-thirds (66%) of the Lyon County population was estimated to have inadequate access to locations for physical activities (2010 and 2013).

Access to Health Resources

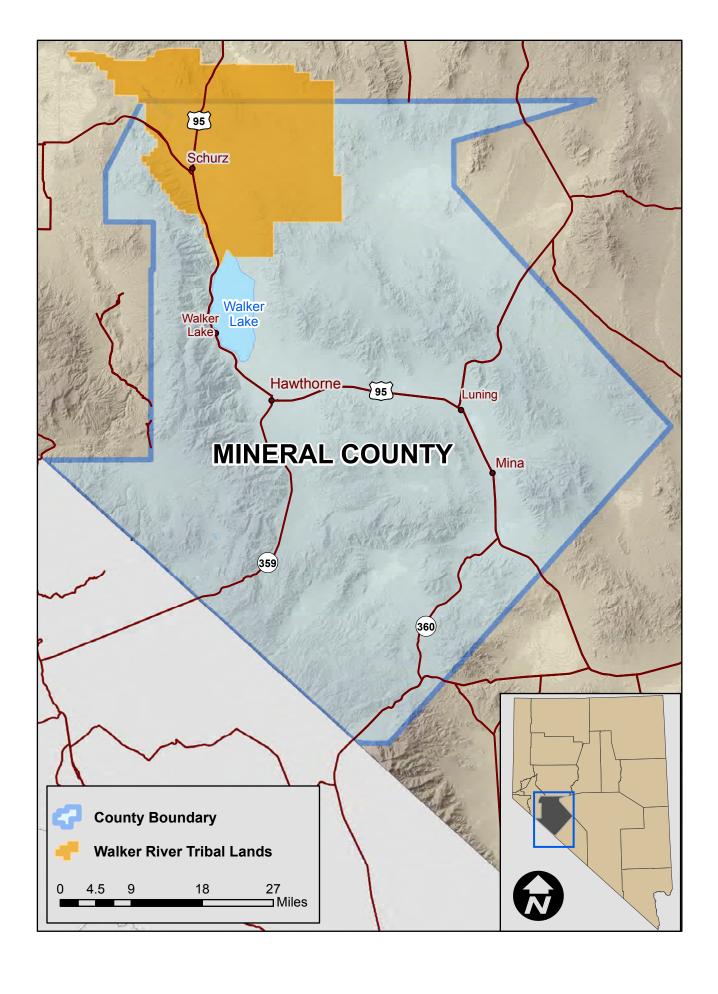
In 2014, 100% of Lyon County residents lived in a HRSA defined provider shortage area for all three types of providers (primary, dental, and mental).

Maternal and Child Health

Lyon County had a high neonatal fatality rate at 4.21 per 1,000 live births (aggregate data 2009-2013).

Mortality

Lyon County ranked 9 out of 16 counties for overall mortality rates in 2013 at 818.7 per 100,000.



Total population: 4,101 people, 0.1% of Nevada's population

Square land miles: 3,752.8

Population density: 1.1 people per mi²

The majority of Mineral County's residents live in the county seat of Hawthorne. In 2014, the largest employers were Mount Grant General Hospital, county government, a facilities support service company, the school district, and El Capitan Lodge Casino.

Mineral County had the highest decrease in population of all counties over the past decade (2005-2015) at 14.2%. Mineral is one of the more ethnically-diverse counties in Nevada. In 2015, about 63.6% of the population was White, non-Hispanic, 18.3% American Indian, 10.1% Hispanic, 5.4% African American, and 2.1% Asian/Pacific Islander. Among the few groups with an increase in population were those aged 25 to 34 years, as well as those 85 years and older.

Socioeconomic Factors

Less than one fifth (19.7%) of the population had earned a 2-year college degree or higher, 37.1% had a high school diploma/GED, and 11.8% had not earned a high school degree or GED equivalent (5-year estimates 2009-2013).

In 2014, Mineral County had the lowest high school graduation rate in Nevada with only 64.7% of students graduating.

Mineral County had the second lowest median household income of all counties in Nevada at \$35,017 (5-year estimates 2009-2013).

The 2014 annual unemployment rate in Mineral County was the highest in the state at 11.1%.

Mineral County had the second highest overall poverty rates (20.5%) and the fourth highest rate of children living in poverty (25%) (5-year estimates 2009-2013).

Mineral County had the second lowest median household value at \$95,500 (5-year estimates 2009-2013).

Mineral County had the third highest proportion of households enrolled in SNAP (5-year estimates 2009-2013).

Table 13.14 Mineral County	Population Ch	ange, by Sex,	Age, and Race/	Ethnicity, 200	5 and 2015
	200)5	2015		10 Year Change
Sex	Number	Percent	Number	Percent	Percent
Male	2,378	49.8%	2,014	49.1%	-15.3%
Female	2,401	50.2%	2,087	50.9%	-13.1%
Age Group					
0-4 years	209	4.4%	239	5.8%	14.4%
5-9 years	282	5.9%	213	5.2%	-24.5%
10-14 years	349	7.3%	159	3.9%	54.4%
15-19 years	404	8.5%	238	5.8%	-41.1%
20-24 years	321	6.7%	262	6.4%	-18.4%
25-29 years	224	4.7%	342	8.3%	52.7%
30-34 years	217	4.5%	287	7.0%	32.3%
35-39 years	168	3.5%	171	4.2%	1.8%
40-44 years	292	6.1%	180	4.4%	38.4%
45-49 years	364	7.6%	153	3.7%	-58.0%
50-54 years	310	6.5%	264	6.4%	-14.8%
55-59 years	358	7.5%	337	8.2%	-5.9%
60-64 years	282	5.9%	277	6.8%	-1.8%
65-69 years	278	5.8%	301	7.3%	8.3%
70-74 years	240	5.0%	220	5.4%	-8.3%
75-79 years	227	4.7%	191	4.7%	-15.9%
80-84 years	143	3.0%	133	3.2%	-7.0%
85+ years	111	2.3%	133	3.2%	19.8%
Race/Ethnicity					
White, non-Hispanic	3,257	68.2%	2,607	63.6%	-20.0%
Black/African					
American, non-	260	5.4%	220	5.4%	-15.4%
Hispanic American					
Indian/Eskimo/Aleut,	737	15.4%	751	18.3%	1.9%
non-Hispanic					
Asian/Pacific Islander, non-	99	2.1%	108	2.6%	9.1%
Hispanic	ככ	2.1/0	100	2.070	9.1/0
Hispanic, any race	425	8.9%	415	10.1%	-2.4%
Total Population	4,779		4,101		-14.2%
	-		-		

Quality of Life Factors

Mineral County had the fourth lowest violent crime rate 192.3 per 100,000 and third lowest property crime rate at 1,239.6 per 100,000 in 2012.

Environmental Health Factors

Nine percent of the population in Mineral County was estimated to have adequate access to locations for physical activity (2010 and 2013).

Preventive and Protective Health Factors

Slightly over two-thirds (68.6%) of children 19-35 months of age in Mineral County received each of the vaccines in the recommended 4:3:1:3:3:1:4 childhood vaccination series.

Access to Health Resources

In 2014, 100% of Mineral County lived in a HRSA designated shortage area for all types of providers (primary, dental and mental).

Maternal and Child Health

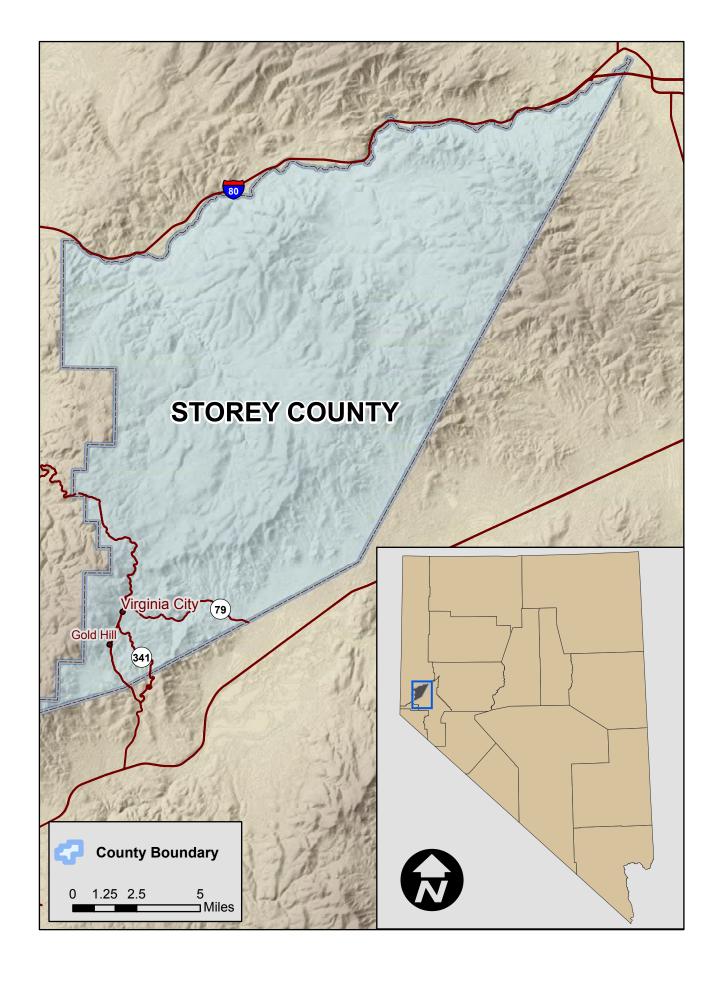
In 2013, Mineral County had the fourth highest birth rate (62.8 per 1,00 women 15 to 44 years), but the lowest rate (52.8%) of women who received prenatal care within the first trimester.

Infectious and Chronic Diseases

Mineral County had the highest colorectal cancer incidence rate at 75.0 per 100,000 (aggregate data 2008-2012).

Mortality

Mineral County had the highest overall mortality rate in 2013 at 1,320.9 per 100,000.



Total population: 4,138 persons, 0.1% of Nevada's population

Land area: 262.9 mi²

Population density: 15.7 people per mi²

The county seat of Storey County is Virginia City. In 2014, the top five employers in the county were all general warehousing and storage facilities in the following order, Intellisource LLC, Wal-Mart Stored, Inc., Petsmart Inc, Quidsi Logistics LLC, and Randa Accessories Logistics.

Over the past decade (2005-2015) Storey County's population increased by 5.9%. In 2015, a large majority of the population was White, non-Hispanic at 90.5%, while 6.2% was Hispanic, 1.5% Native American/Alaska Native, 1.4% Asian/Pacific Islander, and <1% African American. The population groups aged 30 to 34 years, 70 to 74 years, and 85 years and older saw the largest increases over the past decade.

Socioeconomic Factors

Storey County had the lowest proportion of persons without a high school diploma/GED at only 6.1% of the population. Nearly a third (30.3%) of the population had earned a 2-year college degree or higher, while 30.9% had earned a high school diploma/GED (5-year estimates 2009-2013).

In 2014, Storey County had the highest high school graduation rates at 93.1%.

Based on 5-year estimates (2009-2013), the median household income was relatively high at \$61,573.

The 2014 annual unemployment rate in Storey County was 9%.

Storey County had some of the lowest poverty rates. Overall poverty was estimated to be 11%, while only 8.7% of children and 5.6% of seniors were living in poverty (5-year estimates 2009-2013).

Storey County had the highest proportion of households that were owner-occupied at an estimated 93.8%; however, approximately 48.9% of household owners pay an unaffordable mortgage, which was the highest rate among homeowners in the state (5-year estimates 2009-2013).

Quality of Life Factors

In 2012, Storey County had the highest violent crime rate at 1,291.7 per 100,000.

Sex Male Female Age Group 0-4 years 5-9 years 10-14 years 15-19 years 20-24 years 25-29 years 30-34 years 35-39 years	200 lumber 2,047 1,861 113 89 176 267 200 183	Percent 52.4% 47.6% 2.9% 2.3% 4.5% 6.8% 5.1%	201 Number 2,175 1,965 72 135 155	Percent 52.6% 47.5% 1.7% 3.3% 3.7%	10 Year Change Percent 6.3% 5.6% -36.3% 51.7%
Male Female Age Group 0-4 years 5-9 years 10-14 years 15-19 years 20-24 years 25-29 years 30-34 years	2,047 1,861 113 89 176 267 200 183	52.4% 47.6% 2.9% 2.3% 4.5% 6.8%	2,175 1,965 72 135 155	52.6% 47.5% 1.7% 3.3%	6.3% 5.6% -36.3% 51.7%
Female Age Group 0-4 years 5-9 years 10-14 years 15-19 years 20-24 years 25-29 years 30-34 years	1,861 113 89 176 267 200 183	2.9% 2.3% 4.5% 6.8%	1,965 72 135 155	47.5% 1.7% 3.3%	5.6% -36.3% 51.7%
Age Group 0-4 years 5-9 years 10-14 years 15-19 years 20-24 years 25-29 years 30-34 years	113 89 176 267 200 183	2.9% 2.3% 4.5% 6.8%	72 135 155	1.7% 3.3%	-36.3% 51.7%
0-4 years 5-9 years 10-14 years 15-19 years 20-24 years 25-29 years 30-34 years	89 176 267 200 183	2.3% 4.5% 6.8%	135 155	3.3%	51.7%
5-9 years 10-14 years 15-19 years 20-24 years 25-29 years 30-34 years	89 176 267 200 183	2.3% 4.5% 6.8%	135 155	3.3%	51.7%
10-14 years 15-19 years 20-24 years 25-29 years 30-34 years	176 267 200 183	4.5% 6.8%	155		
15-19 years 20-24 years 25-29 years 30-34 years	267 200 183	6.8%		3.7%	44.004
20-24 years 25-29 years 30-34 years	200 183		106		-11.9%
25-29 years 30-34 years	183	5.1%		2.6%	-60.3%
30-34 years			165	4.0%	-17.5%
		4.7%	269	6.5%	47.0%
35-39 years	147	3.8%	229	5.5%	55.8%
	229	5.9%	244	5.9%	6.6%
40-44 years	319	8.2%	208	5.0%	-34.8%
45-49 years	402	10.3%	288	7.0%	-28.4%
50-54 years	417	10.7%	374	9.0%	-10.3%
55-59 years	390	10.0%	438	10.6%	12.3%
60-64 years	335	8.6%	425	10.3%	26.9%
65-69 years	238	6.1%	369	8.9%	55.0%
70-74 years	163	4.2%	292	7.1%	79.1%
75-79 years	132	3.4%	188	4.5%	42.4%
80-84 years	66	1.7%	101	2.4%	53.0%
85+ years	42	1.1%	80	1.9%	90.5%
Race/Ethnicity					
White, non-Hispanic	3,558	91.0%	3,743	90.5%	5.2%
Black/African					
American, non-	19	0.5%	22	0.5%	15.8%
Hispanic American					
Indian/Eskimo/Aleut,	64	1.6%	61	1.5%	-4.7%
non-Hispanic					
Asian/Pacific Islander, non-	51	1.3%	56	1.4%	0.00/
islander, non- Hispanic	21	1.5%	50	1.470	9.8%
Hispanic, any race	215	5.5%	257	6.2%	19.5%
Total Population	3,908		4,138		5.9%

Environmental Health Factors

Only 5.7% of the Storey County population was estimated to have low access to grocery stores, which was the lowest rate among all counties (2010).

Based on data from 2010 and 2013, 1% of the population in Storey County was estimated to have adequate access to locations for physical activity

Preventive and Protective Health Factors

In 2014, slightly over half (54.6%) of children 19-35 months of age received each of the vaccines in the recommended 4:3:1:3:3:1:4 childhood vaccination series, which was the fourth lowest vaccination rate among all counties in Nevada.

Access to Health Resources

In 2014, Storey County had some of the lowest rates of primary care providers and dental care providers per capita, and 100% of the population lived in a HRSA designated primary and mental health care provider shortage area.

Maternal and Child Health

In 2103, Storey County had the third lowest pregnancy (40.5) and birth (38.5) rates among 1,000 women 15 to 44 years.

Storey County had the third highest proportion of women receiving prenatal care in the first trimester at 71.4% in 2013.

Infectious and Chronic Diseases

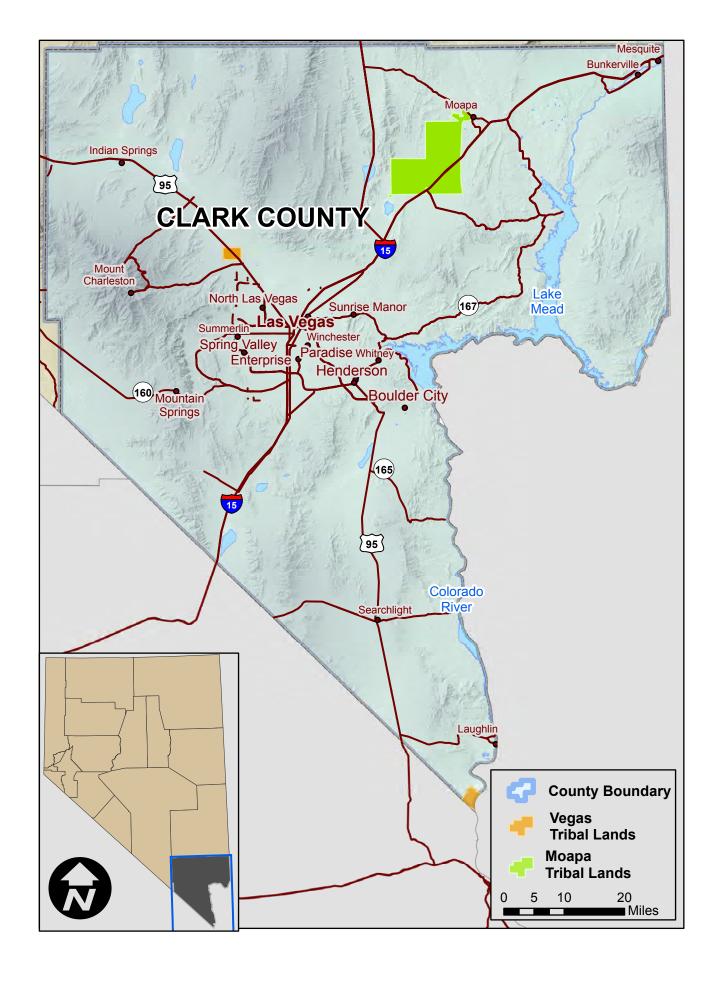
Storey County had the fifth highest breast cancer incidence rate at 195.6 per 100,000; however, the county had the second lowest prostate cancer incidence rate at 78.4 per 100,000 (aggregate data 2008-2012).

Mortality

Storey County's overall mortality rate was ranked 15 out of 16 counties in 2013, at 630.7 per 100,000.

County-by-County/ Regional Summaries

Clark County



Total population: 2,049,593 people, 72.6% of Nevada's population

Land area: 7,891.4 mi²

Population density: 259.7 people per mi²

The majority of Nevada's population resides in the southern part of the state in Clark County. It is the most populous county in the state with the two largest cities of Las Vegas and Henderson. In 2014, the top employers were the school district, county government, and casino hotels -- MGM Grand, Bellagio and Wynn Las Vegas, respectively.

Clark County is the most racially-diverse county in Nevada. In 2015, just over half (52.4%) of the population was White, non-Hispanic; nearly a third (29.8%) was Hispanic; 9.3% African American; 7.7% Asian/Pacific Islander; and <1% Native American/Alaska Native.

Although all population groups in Clark County have experienced an increase in growth over the past decade (2005-2015), those 65 years and older and those who identify as Hispanic have seen the highest population growth rates.

Socioeconomic Factors

Clark County had the fifth highest rate of persons with a 2-year college degree or higher at 29.5%, while 16.1% of the population did not have a high school diploma/GED, and 29.2% had earned a high school diploma/GED (5-year estimates 2009-2013).

In 2014, Clark County's high school graduation rate was 70.9%, which was just above the state average (70.0%).

An estimated 45.6% of occupied households were rented, making Clark County the highest renter-occupied county in the state (5-year estimates 2009-2013). Approximately 52.2% of renters were paying an unaffordable rent per month, while 43.5% of owners paid an unaffordable monthly mortgage in Clark County (5-year estimates 2009-2013).

Clark County had the highest rate of personal bankruptcy fillings at 5.5 per 1,000 persons (2013).

In 2014, 58% of students qualified for the free-reduced price meal program, which was the second highest rate among all counties in Nevada.

Table 13.16 Clark County Po	pulation Change,	by Sex, Age, ar	nd Race/Ethnicity	, 2005 and 201	.5
	2005	;	2015		10-Year Change
Sex	Number	Percent	Number	Percent	Percent
Male	870,970	50.8%	1,033,050	50.4%	18.6%
Female	844,082	49.2%	1,016,543	49.6%	20.4%
Age Group					
0-4 years	131,087	7.6%	155,701	7.6%	18.8%
5-9 years	121,557	7.1%	148,028	7.2%	21.8%
10-14 years	118,445	6.9%	144,117	7.0%	21.7%
15-19 years	117,908	6.9%	135,647	6.6%	15.0%
20-24 years	122,562	7.1%	134,678	6.6%	9.9%
25-29 years	128,217	7.5%	139,205	6.8%	8.6%
30-34 years	129,686	7.6%	142,862	7.0%	10.2%
35-39 years	129,113	7.5%	145,363	7.1%	12.6%
40-44 years	130,539	7.6%	140,705	6.9%	7.8%
45-49 years	119,454	7.0%	138,770	6.8%	16.2%
50-54 years	105,744	6.2%	137,318	6.7%	29.9%
55-59 years	94,598	5.5%	122,195	6.0%	29.2%
60-64 years	78,043	4.6%	105,251	5.1%	34.9%
65-69 years	62,018	3.6%	89,116	4.3%	43.7%
70-74 years	48,624	2.8%	66,993	3.3%	37.8%
75-79 years	37,549	2.2%	47,760	2.3%	27.2%
80-84 years	24,489	1.4%	30,662	1.5%	25.2%
85+ years	15,419	0.9%	25,222	1.2%	63.6%
Race/Ethnicity					
White, non-Hispanic	987,342	57.6%	1,073,698	52.4%	8.7%
Black/African	155,562	9.1%	189,933	9.3%	22.1%
American, non- Hispanic					
American	14,529	0.8%	17,199	0.8%	18.4%
Indian/Eskimo/Aleut,					
non-Hispanic	422.535	7.40/	457.262	7.70/	20.40/
Asian/Pacific Islander, non-	122,575	7.1%	157,362	7.7%	28.4%
Hispanic					
Hispanic, any race	435,045	25.4%	611,401	29.8%	40.5%
Total Population	1,715,052		2,049,593		19.5%

Quality of Life Factors

Approximately 36.9% of children in Clark County live in single-parent households (5-year estimates 2009-2013).

In 2012, Clark County had the third highest violent crime rate at 692.4 per 100,000 and the highest property crime rate at 2,919.3 per 100,000 population.

In 2013, adolescents were least likely to have carried a weapon in the past month (13.2%) and least likely to report being in a physical fight (21.9%) in the past 12 months.

Environmental Health Factors

Only 8.5% of Clark County's population was defined as having low access to grocery stores (2010), and 90% of the population had adequate access to places to engage in physical activity (2010 and 2013).

Health Behaviors

Adolescents in Clark County reported engaging in physical activity for an hour or more, which was less often than adolescents in all other counties/regions in Nevada (2013).

An estimated 38.9% of adolescents reported using the computer for three or more hours each school day. Another 30.8% of adolescents in Clark County reported watching television for three or more hours every school day (2013).

Approximately 12.1% of adolescents in Clark County were estimated to be obese in 2013.

Adolescents in Clark County had the lowest rates of current tobacco use (11.6%), the second lowest rate of current alcohol use (31.8%), and the second lowest rate of current marijuana use (15.9%) among the counties/regions in Nevada (2013).

Adults in Clark County also had the second lowest smoking rates (19%) and the lowest rate of heavy drinkers (6.2%) (aggregate data 2011-2014).

In 2012, Clark County had the lowest alcohol-related fatality rates at 17.9 per 100,000.

Preventive and Protective Health Factors

Aggregate data from 2012 and 2014 indicate Clark County females had the highest rates of mammograms (breast cancer screening) and Pap tests (cervical cancer screening).

Males 40+ years had the second highest rates of PSA (prostate cancer screening) in Nevada (aggregate data 2012 and 2014).

Approximately 69.2% of children 19-35 months of age received each of the vaccines in the recommended 4:3:1:3:3:1:4 childhood vaccination series. This was the second highest rate among the regions/counties in Nevada during 2014.

Access to Health Resources

Seventy-six percent of Clark County residents had health insurance coverage, which was the lowest among all counties/regions in Nevada (aggregate data 2011-2014).

Approximately 18.4% of residents in Clark County reported that they could not see a provider in the past year due to cost (aggregate data 2011-2014).

Maternal and Child Health

In 2013, Clark County had the third highest pregnancy rate (72.5 per 1,000 women ages 15 to 44 years), and conversely, the highest abortion rate (10.4 per 1,000 women ages 15 to 44 years), thereby leading to a much lower birth rate (61.7 per 1,000 women ages 15 to 44 years) compared to other regions/counties in Nevada.

Approximately 8.1% of infants born in Clark County during 2013 were low birth weight.

Clark County had relatively low child and infant mortality rates compared to other regions/counties with sufficient data (aggregate data 2009-2013).

General, Mental and Sexual Health Status

Clark County was tied for lowest proportion of residents with 10+ poor mental health days (14%) in the past month (aggregate data 2011-2014).

In 2012, suicide mortality rates in Clark County were 17.8 per 100,000, slightly lower than the overall rate for the state of 17.9 per 100,000.

Adolescents in Clark County were the least sexually active, as 40.2% reported ever having sexual intercourse. Approximately 56.4% of adolescents who had been sexually

active in the past three months wore a condom the last time they had sexual intercourse (2013).

Clark County has consistently had the highest rates of newly diagnosed cases of chlamydia (2010-2013), gonorrhea (2009-2013), primary and secondary syphilis (2009 - 2013), and newly-diagnosed cases of HIV (2010-2014), than other counties and regions in Nevada.

Adolescents reported the lowest rates of having experienced physical dating violence (hit, slapped or physically hurt by boyfriend or girlfriend) in the past 12 months at 9.6% compared to other counties and regions in Nevada at 10.3% (2013).

Infectious and Chronic Diseases

An estimated 7.7% of the population in Clark County reported they currently had asthma (aggregate data 2011-2014).

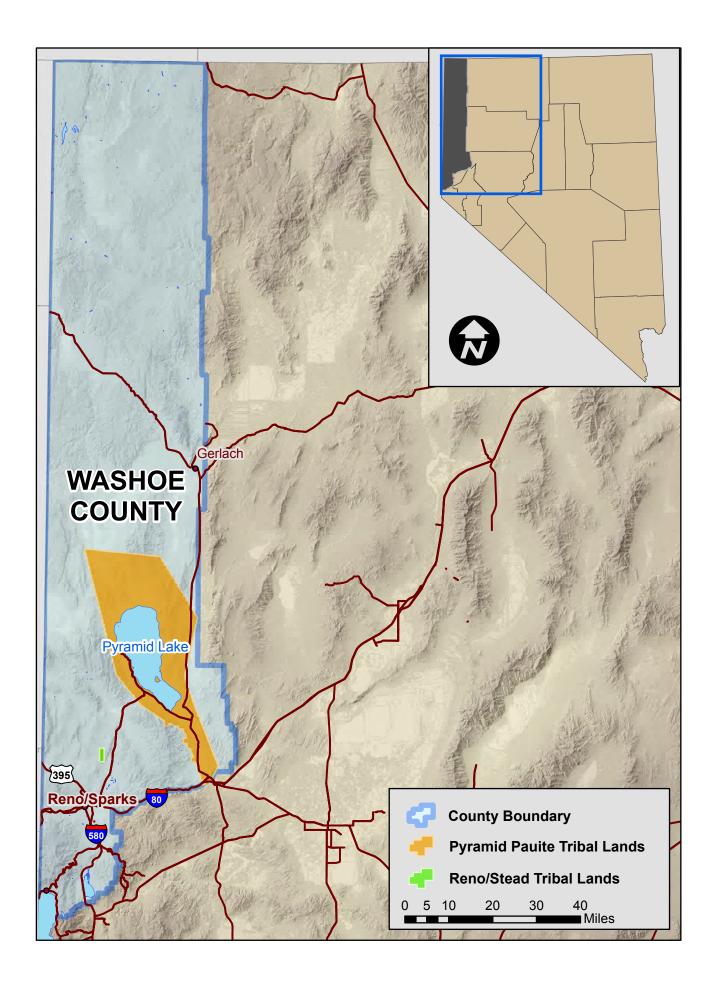
An estimated 9.9% of the population in Clark County reported they had been diagnosed with diabetes (aggregate data 2011-2014).

Mortality

In 2013, Clark County ranked 11 out of the 16 counties for overall mortality rates at 758.3 per 100,000.

County-by-County/ Regional Summaries

Washoe County



Total population: 439,284 persons, 15.6% of Nevada's population

Land Area: 6,302.4 mi²

Population density: 69.7 people per mi²

Washoe County is the second most populous county in Nevada. The majority of residents live in the county seat of Reno and the adjoining city of Sparks. In 2014, the largest employers were the school district, the University of Nevada, Reno, Renown Regional Medical Center, the county government, followed by the Peppermill Hotel Casino.

From 2005 through 2015, Washoe County experienced 13% in population growth and is becoming one of the more racially-diverse counties in Nevada. In 2015, approximately 65.1% were White, non-Hispanic, 24.3% Hispanic, 6.4% Asian/Pacific Islander, 2.3% African American, and 1.9% Native American/Alaska Native.

The population of ages 55 to 79 years increased more than other age groups over the past decade (2005-2015). In addition, the Hispanic and Asian/Pacific Islander populations have seen considerable growth in the past decade.

Socioeconomic Factors

Washoe County had the second highest rate of college graduates with 35% of the population having earned a 2-year college degree or higher. Comparatively, nearly a quarter (24.6%) had a high school diploma/GED, and 13.2% of the population did not have a high school degree or GED (5-year estimates 2009-2013).

In 2014, Washoe County's high school graduation rate was 72.7%, which was more than the state average of 70.0%.

The Washoe County annual median household income was \$53,040, which was slightly above the Nevada median household income of \$52,800 per year (5-year estimates 2009-2013).

In 2014, the Washoe County annual unemployment rate was 7.4%.

Washoe County's median household value was the second highest in the state at \$203,300 (5-year estimates 2009-2013).

An estimated 42.0% of occupied households were rented, in Washoe County, which is the third highest proportion of households that are occupied by renters in the state (5-year estimates 2009-2013). An estimated 58.4% of renters in Washoe County were

paying an unaffordable rent, and was among the top three counties for unaffordable rent (5-year estimates 2009-2013).

	2005		201	5	10-Year Chang
Sex	Number	Percent	Number	Percent	Percent
Male	197,165	50.7%	221,560	50.4%	12.4%
Female	191,519	49.3%	217,722	49.6%	13.7%
Age Group					
0-4 years	27,380	7.0%	28,006	6.4%	2.3%
5-9 years	25,794	6.6%	29,653	6.8%	15.0%
10-14 years	27,075	7.0%	29,316	6.7%	8.3%
15-19 years	28,655	7.4%	29,207	6.6%	1.9%
20-24 years	29,629	7.6%	31,522	7.2%	6.4%
25-29 years	28,027	7.2%	32,553	7.4%	16.1%
30-34 years	26,583	6.8%	32,329	7.4%	21.6%
35-39 years	28,125	7.2%	29,744	6.8%	5.8%
40-44 years	29,682	7.6%	28,061	6.4%	-5.5%
45-49 years	29,785	7.7%	29,030	6.6%	-2.5%
50-54 years	26,885	6.9%	29,891	6.8%	11.2%
55-59 years	23,294	6.0%	29,259	6.7%	25.6%
60-64 years	17,324	4.5%	25,325	5.8%	46.2%
65-69 years	12,947	3.3%	20,690	4.7%	59.8%
70-74 years	10,010	2.6%	14,299	3.3%	42.8%
75-79 years	7,934	2.0%	9,419	2.1%	18.7%
80-84 years	5,622	1.4%	5,928	1.3%	5.4%
85+ years	3,933	1.0%	5,052	1.2%	28.5%
Race/Ethnicity					
White, non-Hispanic	271,927	70.0%	285,786	65.1%	5.1%
Black/African					
American, non-	8,540	2.2%	10,025	2.3%	17.4%
Hispanic American					
Indian/Eskimo/Aleut,	7,435	1.9%	8,472	1.9%	13.9%
non-Hispanic					
Asian/Pacific	22 657	E 00/	20 127	6 A0/	24 20/
Islander, non- Hispanic	22,657	5.8%	28,137	6.4%	24.2%
Hispanic, any race	78,126	20.1%	106,863	24.3%	36.8%
Total Population	388,684		439,284		13.0%

Quality of Life Factors

Nearly one-third (33.1%) of children in Washoe County were living in single-parent households (5-year estimates 2009-2013).

In 2012, Washoe County had the third highest property crime rate at 2,570.7 per 100,000 population.

Adolescents reported the second lowest rate for students having carried a weapon (20.3%) but the second highest for students having been in a physical fight (28.8%) (2013).

Environmental Health Factors

One-fifth (20.5%) of residents in Washoe County were estimated to have low access to grocery stores (2010).

In 2011, Washoe County was tied for the third highest rate of fast food restaurants at 81 per 100,000.

An estimated 92% of Washoe County residents had adequate access to locations for physical activity (2010 and 2013).

Health Behaviors

In 2013, approximately 23.9% of adolescents in Washoe County met the national physical activity recommendations for adolescents (engaged in one or more hours of physical activity per day).

Over one-third (36.2%) of adolescents in Washoe County reported using the computer for three or more hours every school day and over one quarter (28.8%) reported watching television for three or more hours every school day (2013).

Adults in Washoe County reported being physically active outside of their job more than other regions/counties in Nevada (aggregate data 2011-2014).

In 2013, approximately 17.9% of adolescents in Washoe County reported drinking at least one soda a day.

Washoe County adolescents had the lowest obesity prevalence compared to the other counties/regions in Nevada at 8.7% even though 14.9% of adolescents were classified as overweight (2013).

Adults in Washoe County also had the lowest rates of overweight/obesity (59.1% combined) according to aggregate data from 2011-2014.

In 2013, adolescents in Washoe County reported the second lowest rate of current tobacco use at 18.3%, the second highest rate of reported current marijuana use at 28.2%, and more than one-third (36.5%) reported they currently drink alcohol.

Washoe County had the lowest rates of smoking prevalence among adults at 17.5% (aggregate data 2011-2014).

The prevalence of binge drinking among adults in Washoe County was the second highest in the state at 19.3%, and adults reported the third highest rates of heavy drinking at 8.3% (aggregate data 2011-2014).

Preventive and Protective Health Factors

Aggregate data from 2012 and 2014 indicate Washoe County women 40+ years had the second highest rate of mammograms (breast cancer screenings).

Washoe County had the second highest rate for men 40+ years that received a PSA (prostate cancer screening) at 45.5% (aggregate data 2011-2014).

Adults 50+ years old in Washoe County reported the second highest colon cancer screening rates at 65.9% (aggregate data 2011-2014).

One-third (33.3%) of adults in Washoe County reported having received an annual influenza immunization (aggregate data 2011-2014). In addition, adults aged 65 years and older had the highest rates of lifetime *Pneumococcal* vaccination at 76.5% (aggregate data 2011-2014).

In 2014, 76.5% of children 19-35 months of age in Washoe County received each of the vaccines in the recommended 4:3:1:3:3:1:4 childhood vaccination series. This was the highest vaccination rate in the state.

Approximately 8.4% of adolescents in Washoe County reported they rarely or never wore a seat belt (2013).

Access to Health Resources

In 2014, Washoe County had the second highest rates of primary care and mental health care providers and the third highest rates of registered nurses and dental care providers per capita. However, the entire population in Washoe County resides in a HRSA designated mental health provider shortage area.

Based on aggregate data from 2011 to 2014, approximately 79.4% of Washoe County residents reported they had health insurance; however, another 17.6% of residents reported they were unable to see a provider due to cost.

Maternal and Child Health

In 2013, Washoe County had the fourth highest pregnancy rate at 71.8 per 1,000 women ages 15 to 44 years, the second highest abortion rate (9.6 per 1,000 women ages 15 to 44 years), resulting in a moderate birth rate of 61.9 per 1,000 women ages 15 to 44 years.

Approximately 7.4% of infants in Washoe County were low birth weight in 2013, compared to Nevada at 7.9%.

Washoe County had the second highest rate of women receiving prenatal care in the first trimester in 2013 (72.9%).

The neonatal fatality rate in Washoe County was 4.39 per 1,000 live births based on aggregate data from 2009-2013.

General, Mental and Sexual Health Status

Approximately 17.8% of adults in Washoe County reported their health status as fair/poor (aggregate data 2011-2014).

In 2013, 34% of adolescents in Washoe County reported feeling hopelessness/sad, and approximately 13.7% of adolescents reported they had attempted suicide in the past year.

Approximately 47% of adolescents in Washoe County reported they had ever had sexual intercourse (2013).

Just over half (53.2%) of adolescents who had been sexually active in the past three months reported they had worn a condom the last time they had sexual intercourse, which was the lowest among all regions/counties (2013).

Washoe County has consistently had the second highest rates of newly-diagnosed cases of chlamydia (2010 -2013), gonorrhea (2009-2013), primary and secondary syphilis (2011 -2013), and newly-diagnosed cases of HIV (2010-2014).

Approximately 12.8% of adolescents reported they experienced physical dating violence and 13.3% had experienced sexual dating violence in the past year. These were the second highest rates among all counties/regions in Nevada (2013).

In 2013, 10.8% of Washoe County adolescents reported they had ever been forced to have sexual intercourse.

Infectious and Chronic Diseases

Washoe County had the second highest breast cancer incidence rate at 220.7 per 100,000 (aggregate data 2008-2012).

Eight percent of adults in Washoe County reported they currently had asthma (aggregate data 2011-2014).

Washoe County had the lowest rates of adults who reported they had been diagnosed with diabetes at 6.8% (aggregate data 2011-2014).

Mortality

In 2013, Washoe County was ranked 8 out of the 16 counties for overall mortality rates at 844.1 per 100,000.

About the Authors

Strategic Progress, LLC is a Nevada based company specializing in public policy research and analytics, federal grant development and strategic positioning of large scale initiatives. This report was written for the Nevada Division of Public and Behavioral Health.

Cyndy Ortiz Gustafson, Strategic Progress founder and CEO, has a Master in Political Science with an emphasis in public law from Washington State University. She has over 13 years of leadership experience at the national, state and local levels conducting policy research and strategically positioning large-scale public policy initiatives. She directed the research and writing of this project.

The lead research consultant and author on this project is Heather Kerwin. Ms. Kerwin has a Master in Public Health emphasizing in epidemiology from the University Nevada, Reno. She has been conducting research in Northern Nevada for over a decade and has partnered with various entities including Strategic Progress on several state and local public health-related assessments.

Justin S. Gardner conducted research and developed content for the project. Mr. Gardner is completing his PhD in Public Affairs at the University of Nevada Las Vegas in the School of Environmental and Public Affairs. He has extensive experience with process design and implementation, program evaluation, and research methods.